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Original Papers

RECONSTRUCTIVE SURGERY IN THE WAR

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Delivered at the Annual Meeting of the Vermont State Medical Society, Oct. 12, 1917.

Mr. Chairman, ladies and gentlemen: I think before beginning this paper on Reconstructive Surgery in the War I should apologize to the ladies for the fact that this paper is entirely a technical one. At the same time, I realize that the ladies will forgive me for talking about purely technical subjects because the ladies of the United States are just as interested in the winning of the war as are the men, and the ladies are just as interested that our returned heroes should be made whole as are the men; because then of my faith in America women and my knowledge that they are for everything that pertains to the good of the land, I apologize and with that apology will continue to read the purely technical paper which I planned as perhaps best fitted to deliver to this society, because I realize that unless something unexpected arises the United States of America will be, as with Canada, filled with soldiers returning from the front, maimed soldiers returning to their native land in order to get succor from the physicians and the surgeons of their native land; in order to be prepared to enter once more into civilized life.

With these few words I will begin. Now I want to draw your attention to the fact that I have not tried to bring out new things. I have simply tried to remind the physicians and surgeons here of what can be done and what should be done for wounded soldiers returning to the United States of America.

Soldiers wounded when in service in this Great War are usually returned with one of two disabilities: either a flail joint or a joint ankylosed in faulty position. Now flail joints are disadvantageous, if not absolutely useless, except in one position and that position is the hip. A flail joint in the hip can be made use of with proper supports and proper braces, etc., a flail joint may be made into a useful joint, but in all other positions a flail joint is not only a distinct disadvantage but very often a flail joint is absolutely useless.

Now if we have a flail joint, what is our duty? Our duty in each case is to ankylose that joint in each case except the hip. There is only one exception where ankylosis should not be sought and that is in the hip. All other flail joints should be ankylosed. If we want to make a useful arm or a useful leg

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out of a useless arm or a useless leg we have got to ankylose. Now that is all very well. There are ankyloses and ankyloses; there are good ankyloses and bad ankyloses. In other words, there is what is known as a position of election for all cases of ankylosis and unless you use this position of election when you form an ankylosis the last position will be worse than the first. Therefore it is absolutely necessary that we should always bear in mind these positions of election when we are calculating what we can best do to help a soldier who returns to us with a flail joint that requires an operation for the securing of ankylosis. These positions of election are the positions which should be indelibly marked in the minds of those who treat wounded soldiers in the base hospitals.

I was hoping that your American bases would be in America, but I have heard rumors that the possibility is that they may not be in America but in the other lands. But in any case from the other lands are coming soldiers to you who will require treatment of joints and other deformities and it is necessary that you, as well as the surgeons in the base hospitals in France, should continually keep in mind the various positions of election for ankylosis in the various joints of the human body.

Now we have been studying the question of flail joints. Hand in hand with the question of flail joints of course comes the question of the treatment of a joint ankylosed in faulty position, because a joint ankylosed in faulty position, as I have already stated, may be just as useless, if not more useless, than a flail joint. We see every day in Canada, and you will see, I fear, every day in the United States, soldiers returning with joints ankylosed in faulty positions and each of those soldiers will have to be considered as a separate and distinct proposition by you, always remembering what is the position of election, what is the position in which the best use can be gotten out of a flail or faulty ankylosed joint.

Let us consider the position of election in each joint separately. The shoulder joint. Supposing you have a flail shoulder joint; supposing you have a shoulder joint ankylosed in faulty position, what is the position of election which should appeal to you when you consider the possibilities of relieving the deformity in the returned soldier? First of all the arm should be abducted to about fifty degrees. It should be in this position (indicating). It never should be out like this (indicating). It never should be left like this (indicating). It should be in a position of about fifty degrees slightly anterior to the coronal surface of the body. Then for the shoulder joint the position of election is abduction to about fifty degrees in a position slightly anterior to the coronal surface of the body. In this position with the proper ankylosis the hand can be brought easily to the mouth, the arm can be lifted to a considerable height above the shoulder, the hair can be brushed, pockets can be reached, all these by scapular movements. The scapular becomes the joint instead of the shoulder joint. The muscles of the scapular itself take the place of such muscles as the deltoid and others whose function is entirely to give movement at the shoulder joint. Then, as I say, a useful arm may be given to a man who is suffering from the discomfort of a faulty ankylosed or a flail shoulder joint by ankylosing his shoul-

der in a position of fifty degrees abduction in a position slightly anterior to the coronal surface of the body.

Now we come to the elbow joint. Very frequently I see soldiers returning with ankylosed elbow joints, with flail elbow joints. The elbow joint often gets a bullet in it just from the position in which it is held in holding a rifle. We have got to be always ready to make a useful joint of a flail or ankylosed elbow joint.

In the past I have seen, in the old country especially, that they have ankylosed elbow joints in this position. I have seen elbow joints ankylosed in this position and there are many soldiers returning with ankyloses in a straight line. The position of election for the ankylosing of a flail or faulty ankylosed elbow joint is at an angle of 100 degrees. An angle of 100 degrees makes the best joint, the most useful extremity for doing the ordinary things of life.

Now we come down to the forearm. Often we have men with compound fractures of both bones. Often we have to break down those compound fractures and try and get our forearm in a position in which it will be most useful for the future duties of life. If we are dealing with a compound fracture of both bones or of one bone of the forearm let us always put that forearm up this way whether we have made that fracture ourselves or whether it has been made by the bullet of an enemy, let us always put that up in the position of election, which is the position midway between pronation and supination.

In talking about the wrist joint, Sir Robert Jones has always insisted that in all lesions of the wrist joint hyperextensions should be used. Here, in passing, let me digress for one minute and say that if it shall be the honor of any surgeon present to be chosen to go over and aid in surgery in France, or in any other war zone, let him always remember that in compound fractures of the wrist joint the danger of infection is many times greater than the compound fractures of any other joint and the facilities of getting proper drainage are also nil; therefore not only must we use our position of election, but in many, if not all, cases it becomes necessary to re-center the wrist joint in compound infected fractures of that part.

Now we come down to the hip joint. The hip joint, as I have already stated, is the one joint which we can afford to leave as a flail joint. Indeed very often it is wise when you have an ankylose in the hip joint to re-set the head of the bone and endeavor to get a flail joint because, as I have already said, a flail joint in that particular position can easily be governed by apparatus and proper surgical retentive instruments. If, however, you are treating a compound fracture in which you fear ankylosis in this particular position it is absolutely necessary that you shall remember the position of election here and the position of election is exactly the position in which we place a tuberculosis hip when we desire the best position of cure, that is, we slightly extend, we slightly abduct. Abduction and slight extension.

Now we come to a very interesting joint, the joint that is very frequently injured and the joint to which the injuries are more serious than to any other joint. In the old days you know very well that if a man got a bullet or a piece of shrapnel into the knee joint it in a vast majority of cases meant death.

If you trace the history of war, if you trace war surgery or the history of war surgery you will be surprised to see the great majority of injuries into that joint. All of you realize that of all sacred cavities of the human body the knee joint is the most sacred. Of all joints in which it is dangerous to get infection it is the knee joint. Therefore, you will all be glad to see that they have to a very great extent counteracted the dangers of infection in this joint now. They have appreciated the possibilities for drainage and also the possibilities of saving a patient's life.

If we are dealing with a wounded knee joint, if we realize that we are facing the possibility of ankylosis what should we do? Sir Robert Jones always says to extend your knee. With this I absolutely disagree and I am fortunate enough to have standing with me in this disagreement such men, for instance, as my friend Brackett, of Boston. I believe that slight flexion at the knee joint is much to be preferred in ankylosis to extension.

In this connection I have an opportunity of saying something that will be of interest to the ladies and therefore I will to some extent digress again.

Talking about the knee joint makes me think of a story that I am accustomed to tell to my students in McGill University when teaching them the surgery of tuberculosis of the bones. I always tell them about a Church of England curate who lived in London, I think, and who got tuberculosis of the knee and he suffered terribly from this disease. He therefore went to a very celebrated surgeon, we will call him Sir John Smith. Sir John Smith said: "I know exactly what to do for you. I can cure you. I can get a very good result in your case." So he took him to a hospital and he X-rayed his knee and presumably put it up in this so-called position of election of Sir Robert Jones, the position of extension. Sir John Smith visited London some six months or a year afterwards. How he happened to do it, I do not know; how he happened to be so wise, I do not know, but instead of taking a taxi he got on top of one of those buses that ply around the streets of London, much the best way to see that city, and from this position of vantage he viewed the people and the shops, etc., around him, but having seen those to his heart's content his eyes became riveted on the passengers and there he saw a curate who looked very like the curate whom he had operated on not a year before, but strange to say that curate was sitting there like any normal man. He was sitting there with his knees bent in normal position, so he got up and put his hand on the curate's shoulder and said, "Are you not the Rev. Mr. Slipper Slopper?" The curate said, "I am, sir." "Well, this is most extraordinary," said Sir John Smith. "You I considered one of the best models of extension of the knee I have ever had and there you sit with your knee bent." The curate said: "Sir John, I have something to tell you. I was sworn at so often by the conductors of the tram cars as I sat there with my knee extended that I decided anything would be better than being sworn at, and therefore I went to Sir John Rogers in London and I have got a very good artificial leg now."

That can be saved by remembering that flexion, slight flexion, 10 or 15 or even as some surgeons say 20 degrees flexion, although I think that is a little

extreme, slight flexion at the knee joint can save your patients from the desire to have their legs amputated.

Now the next joint that we must talk about is the ankle joint. The ankle joint, of course, should be placed, or the foot should be placed, one naturally thinks, at a right angle to the leg, but this depends entirely, of course, on the condition of the leg. If the leg is of normal length at a right angle is quite sufficient, but if, on the other hand, you have a short leg, as you are very liable to have in a man who has been wounded by shrapnel, if you have got a shortened leg then it is proper to consider the advisability of ankylosing the foot in the position of extension in order that you may compensate for the shortening which has resulted from the previous wounds.

These, then, are the positions of election. These are the positions of election in the main joints. These are the positions which we must bear in mind always when we are dealing with men who come before us with flail joints and men who come before us with joints in faulty ankylosis.

Now to go for a few minutes to another subject. The subject of malunited and ununited fractures. I speak of deformities which are very prevalent in this war. You must all remember that every patient who receives a wound by shrapnel always suffers from a coincident infection. He has a compound comminuted fracture in the vast majority of cases, which is not only infected but infected with the most virulent of bacteria. Therefore, these cases to the surgeons at the front present a very difficult proposition. It is easy enough to say that you should treat such fractures as you do any fracture of that particular part, but, gentlemen, if you are dealing with a serious infection you have got to do away with the splints and treat to save life. You must not think when you see patients returning, soldiers returning with malunion and lack of union that they have been neglected at the front. Now in all probability malunion, lack of union is the price of the salvation of the man. Hard, hard it is to treat these patients at the front. Hard, hard it is to treat them again when they come to you in this America of yours.

You may quite agree with me that it is hard to treat these patients at the front, but you may say why shall it be hard to treat these patients in this United States of America where our hospitals are so good. The same reason obtains exactly, the reason of infection. For months and months and months in the healed wound, in the healed tissues, organisms lurk ready to become virulent again, to spring into life when there is any operative procedure or any injury to the joint. Therefore, make it a rule not to interfere in an operative way in any malunited or ununited fracture for at least six months, if you have reason to believe, and in the vast majority of cases you will have reason to believe, you are dealing with a man who has suffered from an infection.

Let us consider these malunion cases that come to us in the United States of America and that come to us in Canada. Malunion does not of necessity mean operation. A patient may have a perfectly functioning arm or leg with malunion. This was proven over sixteen years ago by Sir William Bennett, a surgeon who took the trouble to examine the records in the different parts of England of soldiers who had return-

ed on barges, in sailing ships in which there was no surgeon to be had suffering from fractures that were maltreated, fractures which resulted in malunion, and he found that in the vast majority of these cases in spite of malunion you had perfect function, or a least good function and no diminution of wage-earning capacity, therefore, any man who on the findings of an X-ray was to feel it his solemn duty to cut down on such malunion and by so doing endanger the patient's life would certainly not be worthy of membership in the Vermont State Medical Society.

Now talking about ununited fractures: the oldest way that we know of, that is, the oldest efficient way to treat ununited fractures is the way of old man Thomas. What he advised was a damming and jamming; and damming and jamming was the treatment authorized by Beer, who was an infant, probably, when Thomas was damming and jamming limbs in England. Therefore, such treatment as damming and jamming can be used with efficiency in a great many cases and can be used while we are waiting for the day to come when it will be safe to interfere by operative procedure.

This old conservative treatment was superseded by some people after some time by Lane's methods. Lane's methods revolutionized really our treatment of malunited and ununited fractures, but at the same time although they had their advantage, and although those methods of Lane have their advantage in certain exceptional cases, still the methods of Lane have, to a great extent, been superseded.

Lane's methods had certain disadvantages. The first disadvantage, of course, is the disadvantage which is common to all operative procedures and that is the disadvantage of the open method. Now we have so much success in our ordinary operative procedures that we have become fearless and we think that it is simple to suggest a bone operation, but at the same time if it is at all possible to cure without cutting we should do so. The first objection to Lane's method. The second objection, and the most important objection, to my mind, is this: In Lane's method we are using a metal splint and a metal splint is disadvantageous. Now everybody realizes I am talking about the metal splint buried in the soft tissues screwed to the bone. A metal splint is disadvantageous for one reason. It retards osteogenesis, and in these soldiers returning where everything is to the disadvantage of the soldier, we cannot afford to retard osteogenesis. We must encourage osteogenesis. They retard osteogenesis by causing porosis. The metal screw and the metal splint cause porosis which retards osteogenesis. They will never, they can never, aid union of bones long ununited. It is perfectly useless to take the limb of a soldier who comes over here with an ununited fracture which he has had six or twelve months, which he will have had as long as that before you get him, and put a Lane splint in or under his muscles, under his soft parts in order to aid osteogenesis. You are going to discourage it. Where there is a pathological degeneration, and there is in all these cases, a degeneration of bone cells and a coincident increase of calcium salt you cannot use such splints and expect to get benefit from them. An eburnation is what you are dealing with. The ends of your bones are eburnated and eburnated ends of bones are not going to be capable of regeneration by simply

splinting them together with a metal splint and with metal screws, which cause osteoparectasis. You can never expect osteogenesis if the ends are capped with sclerosis as they sometimes are capped for at least one or one and a half inches. Those sclerosed bones are not capable of making new bone. Here you have got to introduce new bone to get osteogenesis, to get union. Here Albee comes in. Here Albee's method of bone splints with the three elements comes in. Not Lane splints in these cases, but bone splints, fresh bone. In other words, what we want in these cases is the furnishing of new bone, not splinting.

Now since the President has told me that I have a few minutes longer by grace I want to talk to you of an interesting study that has been made in the Canadian city of Toronto. We have a man there called Gallie, who fortunately for us is an officer of the Canadian Army Medical Corps. Gallie for years back has been experimenting on osteogenesis. He says that Albee has been doing this efficient work, this wonderful work, this splinting of bone, this furnishing of new bone in cases of lack of union, but what do we know about the history of the new bone which is introduced. He says that it seems to him that the history of the new bone is important in order that we may work out our procedure in individual cases. Fortunately for us in Canada, fortunately for the British, the French and fortunately, I expect, for you in the future, he has worked out the history. At this particular time he has completed his studies and I am lucky enough to be able to tell you the result.

First of all, as you know, we have for years been taking a piece of bone out of the tibia and placing it, for instance, in the spine, hoping to cause an osteogenesis. What happens to the graft when you place it in the host? First of all, gentlemen, there is death. There is coagulation and death of all the cells not bathed in lymph. It is absolutely essential that your bones be placed in a bath of lymph if anything is to happen. Next, on the surface and in the mouths of the Haversian canals are found osteoblasts. Beneath the periosteum on the surface of the endosteum and in the mouths of the Haversian canals are found the vast majority of osteoblasts, the essential element to regeneration. These, if our graft is bathed in lymph will absorb lymph, live, proliferate and having proliferated we will get results. They act quickly. In even ten days these osteoblasts have begun to lay down bone on the surface beneath the periosteum and on the surface of the graft. In addition to this these osteoblasts attack the dead bone of the graft itself and produce excavations, obliterate the bone, eat away the bone, erode the graft. These excavations are first filled yith proliferating osteoblasts and then new bone. The old bone is eaten away. The osteoblasts eat it away and then they increase themselves and make new bone.

In addition, and with this, there is a re-establishment of circulation by new blood vessels penetrating into the various Haversian canals. While the osteoblasts are increasing, the blood vessels are being formed and they penetrate into the Haversian canals. Now a practical point. If you are grafting bone do not think that you are grafting for the purpose of splinting. You are grafting to get new bone. Therefore, it isn't necessary to take a half or

a quarter or an eighth of the tibia. The thinner your graft the better it will be for the action of osteogenesis. Even in two weeks the experiment showed that the graft from the adjacent bone had become permeated with new blood vessels. These blood vessels force themselves down into the Haversian canals, but they penetrate down the osteoblasts and accumulate in the very center of your graft. First of all you have the eating away by the osteoblasts and second and third the formation of new bone to take the place. In other words, our graft is placed in its host, it dies, it is absorbed and its place is taken by new bone. The graft is put in for the purpose of causing osteogenesis. It is not put in to splint or for any other purpose. It is realized now that the graft does not last but other bone takes its place.

The rapidity of the change which I have described depends upon three things. First of all, as I have said, the size of the graft, secondly, its density. Therefore when we are choosing a graft we try and get one that is not dense. We do not take the anterior surface of the bone. We prefer to take the flattened surface, or better still the external surface, pulling the muscles aside and securing bone which is not dense.

Next, of course, in importance is the number of osteoblasts. The osteoblasts are on the surface of the endosteum immediately adjacent to the periosteum. These experiments show—I was very much interested in a statement which was made by Dr. Wright this morning in that he liked to take the periosteum and carry it over and in that way get new bone. I am not saying that his statement is not correct; that the osteoblasts are not on the periosteum, but I am saying that these experiments show and I believe that when he carries over his periosteum he carries over a certain number of osteoblasts which adhere to it, which are carried by it from the endosteum and that he is unable to carry over the periosteum without a certain amount of endosteum and that endosteum carries with it these osteoblasts. I make that statement, not to quarrel with a friend of mine, but because I want everybody to realize that the periosteum is important, but from the point of view of these experiments and from my point of view the endosteum is more important and if it is, let us get as much endosteum as we can with our periosteum and when we make ends of periosteum let us be sure that these ends be thick ends of periosteum included with which is a little endosteum.

I remember at a meeting of the Canadian Medical Association not very long ago a great friend of mine, one of my best friends, and I have more friends in America than I have in Canada, said he was doing an Albee operation and he said we were trying to bend the graft into shape and you know if you bend a stick, if you don't hold it pretty tight it is likely to fly into the air. This graft flew into the air, fell on the floor. He said he was doing this operation on an old lady and she was breathing very badly and he realized he had got to stop just as quickly as possible and he said he had no piece of bone to take the place of this graft that had fallen on the floor, so he said he just boiled it for a few minutes and then put it into position and he said, "Strange to say, I had a perfect result." I would say that he had a perfect result not simply strange, but by the grace of God.

Albee experimented and found that

devitalized bone does not cause osteogenesis; that bone in which the osteoblasts have been boiled to death; bone which is devitalized is incapable of forming osteogenesis. Therefore, we must have living bone for our graft, not dead bone. Living bone, when, gentlemen, remember, when we are trying to form osteogenesis and not when we are splinting.

Next he thought it would be interesting to know what a piece of bone from a pig or some other animal would do. Gentlemen, exactly the same thing happens to devitalized bone as to bone from another animal. Heterogenous bone and devitalized bone are dealt with in exactly the same way by the tissues. They are absorbed. No osteogenesis occurs. Nothing happens. No use having devitalized bone, no use using heterogenous bone if you want osteogenesis.

Now we have shown, I think, the importance of the graft. Is the host also important? Are we going to be able to take sclerosed bone and place in that sclerosed bone a good living graft and expect to get union? I say unto you, no. It is impossible. The host is of equal importance to the graft.

Gallie took a living graft, many living grafts, and buried them in muscle. Weeks went by and months went by but still the same history always repeated itself. The bone in the end was absorbed in spite of the fact that it was living, spite of the fact that it was vital, spite of the fact that it was osteogenous. It was absorbed. The host is of equal importance to the graft.

There are certain deductions which we can make from these statements. The first deduction is that the experiments of MacEwan I think are right. MacEwan viewed the periosteum only as a lining membrane. At the same time that lining membrane very often carries with it osteoblasts and portions of endosteum. I think that we all must appreciate that the osteoblasts cling to the bone; that they may be swept off the bone, but that their normal position is really clinging to the bone. We must realize that the most important parts of the graft are the periosteal and the endosteal surfaces, especially the endosteal; that we try to put the three elements of one into our graft but the most important of the three are the periosteal and endosteal surfaces and the greatest of these is the endosteal surface. We also have to appreciate the importance of our host. The fact that we must make a good and suitable entry for our graft and that good and suitable entry cannot begin in any sclerosed bone but must travel past the sclerosed bone, must travel past any devitalized bone and terminate in good and vital bone.

We learn other things by these experiments. We learn, as I have said, the importance of not cutting our grafts, if at all possible, from the crest of the tibia, better from the surface of the tibia. We learn also that the width is of more importance than the thickness. Really, the thinner the graft the better. We learn also that cancellous bone is very much better than what I might call eburnated bone and hard bone. We know, just as our friend this morning inferred, we know that of all cancellous bone the best bone for osteogenesis is the rib and therefore where we are particularly anxious to get osteogenesis and where we need not consider the question of splinting, then we always will prefer a rib, realizing that the rib is covered with periosteum which is a covering membrane and realizing the

necessity of the grafting of the osteoblasts from one bone into another, realizing the necessity that the parts should be bathed in lymph, we take our rib and we scarify it. We open up our periosteum and we even up our endosteum. We scarify our rib in order that there may be a quicker action between the host and the graft.

Now after having said all these things, it is interesting perhaps to realize that heterogenous and devitalized bones whilst absolutely useless in osteogenesis are indeed useful in other things and where does their usefulness come in? We can make bone plates to use instead of Lane's plates. When we are dealing with recent fractures and it is not a question of osteogenesis but a question of splinting we can make bone plates out of beef bone for instance. We can boil that beef bone and devitalize it. Therefore, we will be using devitalized heterogenous bone for splinting in certain cases and we can use it in certain cases with great advantage and in the same way we can use heterogenous and devitalized bone screws and then we do away with the excessive osteoparectasis which follows the use of metal screws and the use of Lane's plates.

TRADE COMMISSION ACTS ON SALVARSAN PATENT

The Federal Trade Commission today entered orders for licenses to three firms to manufacture and sell the product heretofore known under the trade names of "Salvarsan", "606," "Arsenobenzol," "Arsaminol", patent rights which have been held by German subjects. The orders for licenses are subject to acceptance and agreement by the licensees to the stipulations made by the Commission. Upon such acceptance and agreement, licenses Nos. 1, 2, and 3 will be formally granted by Secretary L. L. Bracken, acting for the Commission.

Hereafter, this important drug will be manufactured and sold under the name of "Arsphenamine".

The Trade Commission's action was taken under Section 10 of the Trading With The Enemy Act under direction of Commissioner Fort, upon recommendation of C. H. McDonald, Edward S. Rogers, and Francis Phelps, in charge of granting such licenses. The Public Health Service has prepared rules and standards for the manufacture and testing of "Arsphenamine" and will supervise its manufacture, authority having been conferred on the Public Health Service by the Secretary of the Treasury, and the observance of the rules and standards become a condition of the license.

The three firms which will be hereby permitted to manufacture and sell "Arsphenamine" are Dermatological Research Laboratories, of Philadelphia; Takamine Laboratory, Inc., of New York, and Farbwerk Hoechst Company (Herman A. Metz Laboratory), of New York. The original patent for manufacture of what has heretofore been known as "Salvarsan," etc., was issued to Paul Ehrlich and Alfred Bertheim, German subjects and assigned to Farbwerke Vormals Meister, Lucius and Bruning of Hoechst on the Main, Germany.

The supply of the drug now licensed to be made in America, up to 1915, was almost exclusively obtained by importation from Germany. It is at present the only known specific for virulent blood poison. From the outbreak of the

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Vermont Medicine

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Editorials

VENUS ALONE

In our article in this column last month, on the venereal record of some of our home training camps, we did not have at hand any authoritative statement of the condition of our troops who were actually in France and exposed to the hazards that encompass life in that country. Since then, Dr. Gorgas's report has come to enlighten us. During the week closing on Nov. 9 he reports, among other diseases, the item of 181.5 cases of venereal disease per thousand American soldiers. Assuming that we have half a million men undergoing training in France, over 90,000 of them had either syphilis or gonorrhoea during the first week of November. Forty years ago France established a system of registration and examination of prostitutes which was intended to put an end to the ravages of venereal disease, and by so doing to excite the wonder and stimulate the imitation of the civilized world. The practical working of this vaunted "system" fills us with horror. It was with something of the same feeling that Augustus beat his head against the wall in an agony of despair crying aloud, "Varus, Varus, give me back my legions."

It is with an especial glow of satisfaction and pride that we read of the immediate response of the physicians of New England to the sudden cry for help that came from Halifax on the occasion of the recent disaster. Within twelve hours after the telegraphic announcement, a vessel left Boston for Halifax loaded with supplies and doctors. Patriotism is not the only, or even the principal sentiment in the hearts of the profession of medicine and yet it is an ancient belief that the sight of suffering blunts the sensibilities of physicians.

Secretary's Page

ANNUAL DUES

The attention of the members of the State Medical Society is called to the following facts as embodied in our state by-laws. First, that the fiscal year of the state and county societies shall begin January 1st; that the dues are payable January 1st, and shall be collected not later than March 31st; third, that on April 1st, a new roster shall be compiled by the state secretary and shall include only those who have paid their dues in full for the current year.

Your secretary has received complaints during the last year that the county secretaries did not send out the bills and insist on collections. In reply to this, please remember that your county secretary is in active practice, is just as busy a man as you are, and has no particular interest aside from that of general interest and loyalty to the society. If you do not receive a notice from him, please consider this page sufficient, and forward to him your state dues of $4.00 and whatever is your additional county due.

It is to be hoped that the roster will show a full membership. Not only that, but is it not possible to increase the membership of the state society during the coming year. Following is a table showing the number of men in good and regular standing in each county, and the number who are members of the state and county societies, so that each county can see for itself the relative standing.

	Registered Physicians	Members of Vt. Stat Med. Soc.e
Addison	33	26
Bennington	41	23
Caledonia	46	34
Chittenden	99	72
Essex	9	
Franklin	52	40
Grand Isle	8	
Lamoille	19	12
Orange	28	
Orleans	36	14
Rutland	80	59
Washington	67	56
Windham	44	28
Windsor	60	23
	622	387

The three counties of Essex, Grand Isle, and Orange have no independent organization, but many of the men are members in adjacent county societies, and their numbers are included under their respective society. With 622 physicians in the state, it seems as though there should be a membership in the state society of at least 500. This can be accomplished only by the activities of the county organizations. The secretary of the state society is ready and willing to cooperate at any time, and the officers and committees of the state society are willing to visit any county at any time when asked, to stimulate the interest and increase the activities.

Respectfully yours,

WM. G. RICKER, Sec.

The War

Honor Roll of Vermont Physicians in the Service of their Country.

Majors

Thos. J. Hagan, M.C., 1st Vermont Inf., Camp Greene, Charlotte, S. C.

Edward A. Tobin, M. O. R. C., Plattsburg Barracks.

Wm. Warren Townsend, M. O. R. C., Chief Surgical Section, Base Hospital, Camp Dix.

Captains

Nathan Renwick Caldwell, Groton.

Geo. E. Chamberlain, So. Newbury, Vt., physically disabled.

Frederick Elsworth Clark, Instruction in Laboratory work, Rockefeller Institute.

Harry Leslie Frost, Boston, Instruction in Orthopedic Surgery.

Henry Chester Jackson, Base Hospital, Fort Riley.

Horatio Nelson Jackson, Senior Instructor, Medical Officers' Class, Camp Mead.

Geo. Guerin Marshall, Balboa Heights, Panama.

Wm. Hayes Mitchell, Ft. Ethan Allen.

George Roberts, Base Hospital, Fort Oglethorpe.

William Stickney, Chief of Surgical Section, Base Hospital, Camp Upton.

Herbert Wellington Taylor, in France.

Lieutenants

Geo. Albert Alden, no report.

Fred Noble Aldrich, in France.

Frank C. Angell, Fort Oglethorpe.

Geo. Lucien Bates, Camp Grant.

Joseph Arthur Wark, Barre, inactive list.

Leonard Blake Rowe, Orwell, inactive list.

Robert Osear Blood, M. O. T. Camp, Ft. Benj. Harrison.

Percy Erastus Buck, Glover.

Arthur Washington Burnham, M. O. T. Camp, Ft. Benj. Harrison.

Albion Arthur Cross, Williamstown.

John Marie Caisse, Swanton.

Mitchell D. Carey, Montpelier, inactive list.

Charles Porter Chandler, Montpelier, inactive list.

Joseph A. Ciminera, Fort Oglethorpe.

Bernie Dennis Colby, Sudbury, inactive list.

Sherwin Aldrich Cootey, Wallingford.

Julius E. Dewey, Montpelier, inactive list.

Francis J. Ennis, Burlington, Vt., inactive list.

Frank Henry Everett, Castleton.

Willis B. Fitch, St. Johnsbury.

William Arthur Flood, North Bennington, inactive list.

Victor Patrick Genge, Reorganization Camp, Syracuse, N. Y.

Frank Leslie Gilbert, Camp Lee, Petersburg, Va.

Stewart Louis Goodrich, Phipps Clinic, Baltimore.

Albert Joseph Greenwood, no report.

Herbert Bill Hanson, Chicago.

Waldo Russell Harkness, Montpelier, inactive list.

Byron Harry Herman, St. Albans.

Frederick W. Harriman, Montpelier, inactive list.

Anselme Ephrem Houle, inactive list.

William Orrin Hutchinson, Washington.

Arthur Clark Kinney, East Hardwick.

Arthur Leo Larner, Philadelphia.

Geo. Eugene Latour, Camp Custer, Battle Creek, Mich.

Casper Sylvester Leach, no report.

Charles Emerson Libbey, Cleveland, O.

Robert Leland Maynard, Base Hospital No. 16, New York City.

Seth H. Martin, Ft. Ontario.

Louis F. McCarthy, Fort Oglethorpe.

Donald Guy McIvor, Swanton, inactive list.

Walter Franklin McKenzie, Camp Vail, Little Silver, N. J.

Harold Stearns Peck, General Hospital, London, Eng.

JOHN C. MURPHY, died in service, Ft. Ethan Allen.

Thomas Rice, no report.

Douglas James Roberts, Instructor in Roengenology, Cornell Medical College.

Leonard Blake Rowe, inactive list.

George Clark Rublee, Fort Oglethorpe.

Geo. Albert Russell, 19th Cavalry, Ft. Ethan Allen.

Dennis J. Sheehan, Fort Oglethorpe.

Chester Lewis Smart, Fort Oglethorpe.

Kay Ernest Smith, in France.

Henry Eugene St. Antoine, Jamaica Plain, Mass.

John David Thomas, Army Medical School, Washington.

Ray Brown Thomas, M. O. T. Camp, Ft. Benj. Harrison.

Henry Latimer Tillotson, Groton, Vt., inactive list.

Windsor DeForest Bowen, Camp Greenleaf.

Henry Reuben Weston, Base Hospital, Camp Lee.

William Godfrey Watt, Vergennes.

John B. Wheeler, Burlington, Advisor to Governor of Vermont.

William Henry White, North Troy, inactive list.

Rollin D. Worden, Camp Sherman.

Navy.

Bertrand Fletcher Andrews.

Edward A. Crofutt.

Ransom H. Holcomb.

John Dowd Lane.

Leland McKinlay.

Charles Edward Morse.

Capitals indicate, died in service.

Italics, serving "overseas."

Information is requested that this roll may be kept as nearly correct as possible.

Vice in the form of 23,000 women, bootleggers and gamblers, organized and controlled by a syndicate, it is said, threatens the morals and health of the soldiers at Camp Lewis near Seattle, Wash. Maj-Gen. Henry A. Greene, commander of the army at the camp, declares he will quarantine Camp Lewis against Seattle and Tacoma if the ring is not broken up.—*Missouri State Medical Journal,* Dec., 1917.

EVERY DOCTOR IN THE MEDICAL RESERVE CORPS.

What an ideal situation it would be, if every doctor in the United States who is mentally, physically and morally fit, was in this Corps.

The time is coming, and in the immediate future, when the Medical Reserve Corps of the Army must be immensely augmented, and so as to enable the Surgeon-General to have at his command for immediate assignment, as conditions demand, a sufficient number of trained medical officers, let us take the above thought seriously. We all know, from past history, the conserving value of an efficient medical corps, and this means number, as well as training.

A statement made by one high in authority in the Surgeon-General's Office, "that our fighting forces would be disseminated by sickness and casualties in six months, were it not for an efficient army Medical Corps," clearly emphasizes the importance of every doctor in the United States meeting the requirements above referred to, accepting a commission in the Medical Reserve Corps of the United States Army.

The struggle in which we are now engaged, and for which we are preparing to take such a prominent part, depends for its success as much upon the medical profession, as it does upon our combatant forces, and while we do not know that any such intention as herein suggested is in the mind of the Surgeon-General, it would at least give him the necessary Corps of medical officers, upon which to draw, and thus serve the best interests of our country, and the best interests of the medical officer serving.

* * * *

To the Committee on State Activities and Examinations of the General Medical Board has been assigned the task of securing sufficient medical men for the needs of the Army.

In the assignment of quotas Vermont was asked to furnish 101 physicians and surgeons. Under date of December 26th, 1917, the Vermont State Committee is informed that only 76 have so far been recommended for commissions.

The State Committee is now about to arrange, under the direction of the first named committee, for a traveling medical board to visit the various parts of the state and conduct examinations.

This was attempted last year but the necessary authority for the travel and pay of the examiners could not be obtained from the Surgeon General's Office at that time.

Such authority has now been secured and all details will soon be completed.

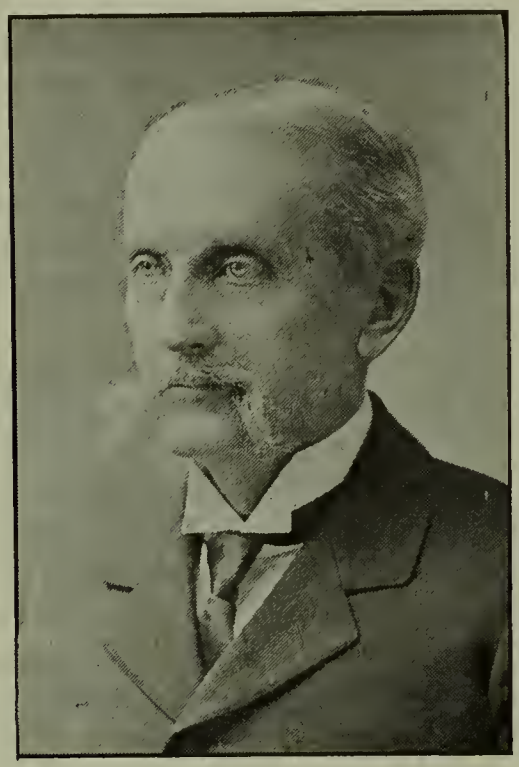
The following paragraph from a communication from the Council of National Defense explains fully the present conditions: "Nearly all places are now filled and there will probably be no early assignment to duty of new men. This of course is an uncertainty. We wish to fill the Corps in such a way that we have a reserve to call upon when we do need them. These men will be classified according to their qualifications as stated on the examination blanks and every endeavor will be made to place them where they will be satisfied and where they will be of most use. We think that we can assure every man that he will ultimately be in that place which he is best fitted for."

Any physician interested is requested to correspond with any member of the State Committee of National Defense—Medical Section, H. C. Tinkham, M.D., Chairman, Burlington, Jas. M. Hamilton, M.D., Secretary, Rutland.

In Memoriam

DEATH OF DR. C. W. HOWARD

Within a few days of reaching his 72nd birthday, Dr. Charles W. Howard died December 1, at his home in Shoreham where he had been a practicing physician for over forty years. He was a man of wide influence in the community and had been honored with many local offices.



His death was due to pernicious anaemia from which he suffered for two years or more.

On Tuesday, Dr. Howard's birthday, his funeral was held at his Shoreham home and was largely attended by a host of friends not only from Shoreham but from Orwell, Bridport and Middlebury. President Thomas of the College of which Dr. Howard was a graduate in the class of 1872, officiated. Fellows of his profession, with whom he had long been pleasantly associated, were honorary bearers—Drs. M. H. Eddy, S. S. Eddy, and P. L. Dorey of Middlebury, and Dr. E. O. Porter of Cornwall. H. H. Burge, R. H. Holmes, Samuel Ward, Albert Tottingham, R. H. Preble of Shoreham and H. W. King of Ticonderoga were the pall bearers. Burial was in the Lake View cemetery. The floral tributes were unusually large and splendid.

Dr. Howard came of a large old New England family of distinction. He was born in Windham, Vt., December 4, 1846, where his father owned an extensive farm. His parents were Willard and Sarah (Page) Howard. He received his common school education in Windham, prepared for college at Chester Academy, entered Middlebury in 1868 and upon his graduation entered the University of Vermont Medical School from which he received his degree in 1874. For the following two years he studied under the preceptorship of Dr. Eddy of Middlebury, and then for a short time he was in the City Hospital at Hartford, Conn. In 1876 he located in Shoreham where he became one of the leading citizens of the town and one of the leaders of his profession. In the same year of his settlement in Shoreham he was married to Charlotte N., a daughter of Edwin B. and Naomi (Tupper) Douglas of Shoreham, who survives him. She is one of the leaders in the D. A. R. and is also a member of the Colonial Dames of Vermont. He is also survived by one daughter, Mrs. Stowell Witherell.

Dr. Howard had been president of the Addison County Medical Society, and was vice-president of the State Medical Society in 1917.

(Continued on Page 20)

Progress in Medical Science

VITAL THYROID-PARATHYROID ACTIVITIES

CLARENCE F. BALL, M. D.
Rutland, Vt.

As a chance observation made by a great physicist brought about the development of the Roentgen Ray so a recent chance observation by a physiological chemist appears to have developed an answer to a very puzzlying set of questions relative to the biochemical processes involved in thyroid activities such as:

Does the thyroid gland in its vital functions act separately from other secretory glands, or does it interrelate its secretions with those of others?

Does its internal secretions accomplish results by circulating in the blood stream alone, or does the secretion have an intracellular work to accomplish?

Is its secretory activity stimulated through the nervous system alone, or is there another secretory gland activity which may be or is actually necessarily present?

What part is played by the parathyroids?

Why is tetanus always a serious complication to their complete extirpation?

It had been recognized for a long time that these and many other questions would be unanswerable until the active principle of the gland should have been isolated.

Tumor formation of the thyroid has long past been abandoned as a necessary expression of thyroid pathology. While it probably was the first important feature about which present day knowledge developed, it is very evident that not the size but the glandular activity is the essential factor to be studied. Treatment, of whatever type used, should be selected according to its adaptability as a regulating influence upon thyroid hormones. Thus it becomes of the utmost importance to first understand its fundamental biological processes before attempting treatment. In considering the whole subject of thyroid pathology, the question, from a surgical standpoint, of *how* to operate is not of as much importance as *when* to operate.

Plummer, who has probably seen more patients with thyroid pathology than any other one physician, has formulated some worthy axioms relative to this disease complex. It should be mentioned that his clinical deductions were made prior to the recent biochemical findings of Kendall which confirm the accuracy of his observations, which are these:

I. "(1) In thyroid disturbances the effects are due to a change in the rate of a normal function.
(2) The stimulating effect of increased thyroid activity is not felt in any particular set or organs or tissues alone, but the stimulus is active throughout the body.
(3) The stimulating action is intracellular."

Kendall, who first isolated the active hormone claims that any theory of the functions of this gland should at least fullfill the conditions outlined by Plummer. It was Kendall who, while attempting to isolate the thyroid hormone, made the chance observation that seems to have cleared the biochemical atmosphere relative to thyroid-parathyroid activities. He reports his observation thus:

II. "Several months ago I reported the isolation from the thyroid of a crystalline substance containing 60 per cent of iodin and possessing the

physiologic activity attributed to the gland. My attempts to repeat the preparation of this substance were unsuccessful for fourteen months. A chance observation furnished the clue that carbon dioxid is a factor of great importance in the purification. This fact explained the failures of many months, led to the perfection of the method for the isolation of the substance, and threw much light on the structural formula of the compound.

The method of separation and final purification of the crystals strongly suggests that the bond linking the iodin compound to the protein constituents is through an amino group, and that the purification is effected by the entrance into the iodin compound of carbon dioxid in place of the amino group."

Several months ago in a review entitled "Split Proteins in Health and Disease" (Jan., Feb. and March 1917) I called the attention of the readers of Vermont Medicine to the fact that we were forced to a study of amino acid pathology in order to keep abreast with modern medicine. Kendall's work emphasizes this fact anew, and in such a tangible way as to make it almost impossible to intelligently undertake the care of this class of cases without a clear idea of its amino acid pathology. In that review it was shown that animal life cannot be maintained in nitrogenous equilibrium without the sulphur containing amino acid cystin being present. Kendall now demonstrates that the "Flywheel of Protein Metabolism" cannot operate without the iodin containing amino acid found in the thyroid hormone, *thyroidin*. Kendall speaks of this biochemical behavior thus:

III. "Under proper conditions, the interaction of the amino group of an amino acid and the CO3H group of the iodin compound results in a transfer of the carboxyl (CO2H) group from the iodin compound to the amino acid, and of the amino group from the amino acid to the iodin compound. In the presence of carbon dioxid there is another exchange between the amino group now attached to the iodin compound and carbon dioxid, the result being the reformation of the iodin compound with the carboxyl structure and the removal of the amino group in combination with carbon dioxid. The iodin compound has entered into combination, allowed the reaction to take place, and has been regenerated in its original form without alteration or destruction. The amino group removed from the iodin compound and joined to carbon dioxid is a by-produce of the reaction, which in the presence of water, of course, exists as ammonium carbonate. Without entering into the details of this reaction, the net result is the deamination of the amino acid.

When protein is catabolized in the body, nitrogen is not excreted as ammonium carbonate, but appears chiefly in the form of urea."

He then shows the part played by the para-thyroids in reducing the ammonium carbonate, which is impossible of excretion as such, to urea so readily excreted by the renal tissues. The estimation of urea then becomes of increased clinical importance as an indicator of distorted bodily functions. In this connection he says:

IV. "Some mechanism must exist for the conversion of the ammonium carbonate resulting from deamination into urea. It is known that after parathyroidectomy the ammonium content of the urine is increased, and it has been suggested that the tetany following parathyroidectomy is due to this increased

in ammonia. From the results of previous investigators, it seems probable that ammonium carbonate is responsible for the tetany following parathyroidectomy and *it is here suggested that the function of the parathyroid is to convert ammonium carbonate into urea.*"

If it is the function of the parathyroid to reduce ammonium carbonate, a urea antecedent of protein katabolic processes, into urea then through what channels is this effected? It would seem that this was by way of suprarenal cortex stimulation as a result of the presence of free ammonium carbonate circulating in the blood stream as it is known that the ammonium carbonate which actively stimulates suprarenal cortex activity the same as that produced by vigorous oxidation influences. It is further known that no secretary activity is demonstrable from a cortex not previously stimulated by means of oxidating influences. Therefore we are forced to conclude that the cortex is first activated by the presence of oxidation products (notably ammonium carbonate) and that the cortex secretion thus produced by its presence in the blood stream activates the parathyroid bodies to liberate their secretion which is capable of reducing ammonium carbonate to urea. That this is logical is borne out by a continuation of Kendall's quotation, keeping in mind Cannon's findings that thyroid activity is impossible without an intact suprarenal structure:

V. "The production of urea has not been shown to be confined to any one special organ, and it has been pointed out that in all probability it is produced throughout the entire body. If the thyroid secretion is the catalyzer controlling the rate of deamination of amino acids, and the parathyroid furnishes the mechanism for the conversion of the so formed ammonium carbonate into urea, then urea (and ammonia) output by the body is within certain limits a measure of thyroid-parathyroid activity."

As pointed out in my review on Split Proteins, epinephrin, the normal secretion of an intact suprarenal, circulates only in minute quantities in the blood—1-100,000,000 parts, and in this small amount its action seems to be only that of activating normal thyroid secretion. It also has a pronounced protective action, since great fear increases the amount of epinephrin in the blood. As soon as this increased epinephrin output reaches the thyroid it stimulates that gland to produce more thyroidin, and it, entering the blood stream, has its stimulating effect upon general protein metabolism. At the same time that the epinephrin stimulates thyroid activity it causes the liver to release its animal sugar (glycogen) for use as fuel under the increased demands due to emotional irritation. Co-incident with these reactions muscle fatigue is pronouncedly lessened. There is a redisposition of the blood from the internal organs to the heart the lungs, and the skeletal tissues. With this redisposition of blood, with its increased supply of epinephrin there is produced a dilatation of the bronchioles of the lungs with an increased number of red blood cells. There is also a more rapid clotting of the blood.

By way of thyroid synthesis iodin becomes an essential factor to normal intracellular activities of all types. Kendall shows, in the following quotation, that the amount of thyroidin compound present within the system determines the rate at which cellular activities operate:

VI. "It is apparent that in a sphere of reaction wherein proper conditions exists for the deamination of amino acids, all other conditions being constant, the speed of the exchange of the amino group for carbon dioxid is directly controlled by the amount of the iodin compound present, and that in the entire absence of this substance, although amino acids are present, no action can take place."

Here, then, is is a consistent basis explaining the various stages of hypo-hyper thyroid symptom complices.

It also explains beneficial clinical advantages previously obtained by the empirical use of iodin, in the form of the syrups, organic combinations, etc. However valuable these may have been in the past we now understand the paricular advantage to be derived from the organotherapeutic administration of thyroid gland tissue, its active principle thyroidin not yet being on the market.

It has well been said that the thyroid secretion is the "Keystone of the Endochrinous Arch". No glandular activity is possible without its influence. In this light it is readily seen how it interrelates itself with the sex organs, nerve tissues, and digestive functions, as well as with the specialized cellular activities in general throughout the body.

(Continued in February Number)

Vermont State Medical Society

The Executive Committee met in Burlington, January 8th, 1918. At this meeting Dr. David Marvin of Essex Junction was elected treasurer to succeed Dr. Edward H. Martin, deceased.

At this meeting the Post Graduate work of the State Medical Society was thoroughly discussed with Drs. Wheeler, Beecher, Jenne, and Sears of the Medical faculty of the University of Vermont, and the following scheme was decided upon. The medical faculty at their next meeting shall appoint a committee, one member of which shall be its corresponding secretary. This committee will canvass the faculty and secure a sufficient number of men, each one of whom will select a subject and upon which he will be prepared to either give a talk or write a paper, or hold a clinic. As soon as this canvass has been made, the county officers will be supplied with a list of these men and their subjects and shall be free at any time to make a choice of these men and subjects and ask that that particular one be sent to his county meeting without expense on the part of the county. The county society shall be expected to have upon the program in addition to the visiting speaker, two of their own local men to speak on certain phases of the same subject. In other words, to hold a symposium. The State Society will not send out any speaker except upon invitation from the county, and the county organization itself shall be wholly responsible for the notification of its members, and for the conduct and attendance at the meetings. The executive committee advises that notices of these meetings be sent to all physicians in the county, irrespective of the county membership.

(Continued from Page 16)

From 1883 to 1887 he was superintendent of schools and for three years was a member of the county board of education. He had been town clerk from 1881 to the present time. In 1908 he represented the town of Shoreham in the Legislature. He was also a member of the Delta Upsilon fraternity of Middlebury College.

Excerpts from Other Journals

The Ohio Supreme Court Decides that the Workmen's Compensation Law of Ohio Does not Cover Occupational Diseases.

The Supreme Court of Ohio has decided that a workman who was suffering from lead poisoning contracted in the course of his employment was not entitled to compensation under the Ohio law of 1911. That law provided for compensation to employees "injured in the course of employment." The court took the view that the legislature in adopting the law did not intend to cover injuries caused by disease, although the language used might be construed to include such injuries.

Chief Justice Nichols, in the opinion, said:

"The premium rates assessed and collected by the administering board * * have been fixed on a basis of death and injuries by accident solely, to the entire exclusion of injury through disease. It is quite patent that any other construction would necessitate an immediate and striking horizontal elevation of all premium rates, and would in all probability prove a serious menace to the law itself."

Although the present constitution of the State of Ohio authorizes the legislature to provide compensation to workmen for occupational diseases, the opinion states that the present law, which was adopted in 1913, can be construed only as "wholly excluding any compensation for injury by disease, whether occupational or otherwise."

—*Public Health Reports.*

RELATION OF FISTULA IN ANO TO TUBERCULOSIS

Harvey B. Stone, of Baltimore, in the November number of the *American Review of Tuberculosis*, discusses the relation of fistula in ano to tuberculous infection, taking up the following points:

1. Is any fistula definitely and specifically a tuberculous lesion?
2. Is any fistula definitely and specifically not a tuberculous lesion?
3. If both of these questions be answered in the affirmative what proportion of fistula cases is definitely tuberculous?
4. What proportion of fistula cases is probably but not definitely tuberculous and on what data is this determination made?

He reviews the literature on the subject and on the basis of reported cases and his own, considers the evidence for and against the tuberculous nature of fistulae and their relation to other tuberculous foci. He summarises his conclusions as follows: It is probable that definite tuberculosis cannot be demonstrated in more than ten per cent. of all fistulae.

In a much larger percentage there is some relationship between fistulae and tuberculosis and in perhaps fifteen per cent. to thirty per cent. of all cases this relationship is fundamental and not merely coincidental.

Various theories have been advanced to explain this relationship but none have been proved.

In a considerable but at present inestimable percentage of cases there is no relationship whatever between fistula and tuberculosis.—Stone, Harvy B.: The Relation of Fistula in Ano to Tubercle Infection, *Am. Rev. Tub.*, 1917, Vol. 1, No. 9.

PASTEURIZATION OF MILK ADVOCATED

In 1907, when the Public Health Service made its study of the milk situation in its relation to the public health, the pasteurization of milk was urged as the only really dependable means of eliminating milk as a carrier of certain of the common communicable diseases, such as scarlet fever, diphtheria, septic sore throat, and typhoid fever. Following this a commission appointed to consider the milk question as it affected the city of Washington recommended municipal pasteurization. The pasteurization of milk has been advocated by many others. Recently at its meeting, October 15, 1917, the commission on milk standards, appointed by the New York City Milk Committee, adopted a resolution urging, for the protection of the health of the troops against diseases commonly carried by milk—

That all milk, including that which enters in the preparation of milk products, especially ice cream, be pasteurized and the efficiency of the process be controlled; that such milk be reduced to a proper temperature at the source of supply and kept at that temperature during transportation and until consumed; that the specifications for the purchase of milk be in conformity with the standards recommended by this commission. *Public Health Reports,* November 9, 1917.

CONCLUSION IN REPORT ON TYPHOID FEVER SPREAD BY CHORIC CARRIERS.

We believe that whenever possible domestics in private service and particularly those handling food in large public establishments should not be admitted to such positions until a careful inquiry has been made into their previous medical history as to a possibly former attack of typhoid fever. If there is the slightest history of any continued fever resembling typhoid fever the stools and urine should be examined for the typhoid bacillus, and if possible a second examination should be made at the expiration of a week.

These methods are not only important when applied to domestic and public cooks, waiters, and other handlers of food or food utensils, but should also be applied upon the dairy farm, in the city dairies, in bakeries and bake shops, confectionery stores, green groceries, markets, and other places where food is handled. *Public Health Reports.*

WINTER OUTBREAK OF POLIOMYELITIS

Elkins, W. Va., 1916-17.

By J. P. LEAKE, Passed Assistant Surgeon; JOSEPH BOLTEN, Passed Assistant Surgeon; and H. F. SMITH, Assistant Surgeon, United States Public Health Service.

Particular attention was attracted to the West Virginia epidemic of poliomyelitis because it occurred in the winter and because it followed so closely the New York epidemic as to be really an extension of that general epidemic. At the time it was thought to be the first winter outbreak in the United States; indeed it was the first to assume anything like epidemic proportions, but a search of the records has revealed other outbreaks in this country during cold weather. Scandinavian observers had called attention to a few winter outbreaks in Sweden and Norway although no definite study had been made of the temperature conditions. A criterion

must be adopted as to what constitutes a winter outbreak; the mere months of the year signify very different weather in different parts of the globe. Further, we know that occasional poliomyelitis occurs practically everywhere and in all seasons; these isolated winter cases, however, are unimportant as regards a study of conditions of infection, for it has been known ever since the epidemiologic study of poliomyelitis began that some cases occur apparently without any relation to each other, just as do cases of non-infectious nervous diseases. Therefore it is here assumed that to be considered a winter outbreak, two or more connected cases must occur after the temperature has remained below freezing for 24 hours. A study of the available literature reveals 38 such outbreaks (Table 1) not including the West Virginia epidemic. The official meteorological records were studied, Norwegian,[1] Swedish,[2] Austrian,[3] Prussian,[4] Hessian,[5] or American,[6] as the case might be, and by interpolation from the surrounding stations, the approximate temperatures of the places where outbreaks occurred could be obtained. Besides mere distance, there had to be taken into consideration altitude, proximity to bodies of water, and direction of mountain ranges. Fortunately there were meteorological stations at several of the places themselves, as at Elkins.

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[1]Jahrbuch des Norwegischen meteorologischen Instituts: Kristiania.

[2]Meteorologiska Iakttagelser i Sverige: Uppsala & Stockholm.

[3]Jahrbücher der k. k. Zentral-Anstalt für Meteorologie und Geodynamik: Wien.

[4]Veröffentlichungen des Königlichen Preussischen Meteorologischen Instituts von G. Lüdeling: Berlin.

[5]Deutsches Meteorlogisches Jahrbuch, Grossherzogtum Hessen: Darmstadt.

[6]Records of the U. S. Weather Bureau, published and unpublished.

News Notes

Reports at the annual meeting of the Barre City hospital show that 404 patients, an increase of 60 over the preceding year, were cared for at the institution and that the total cash receipts were $17,259, while orders paid amounted to $16,506. These officers were elected: President, Dr. O. G. Stickney; vice-president, Dr. W. D. Leid; clerk, H. W. Scott; trustees, Dr. W. E. Lazell, James Mackay, A. C. Moore and F. E. Langley.

Dr. Frederick H. Gebhardt of Rutland, Health Officer of the city and Secretary-Treasurer of the Rutland County Medical and Surgical Society for many years, successfully passed his examination for the Medical Reserve Corps of the Navy at Chelsea the 6th of January and will soon be recommended for commission.

At a session of the United States court held at Burlington, Nov. 27, Dr. H. J. Potter of Bennington pleaded guilty to a violation of the Harrison drug law, for which offense he was indicted at the October term. He was fined $150 which he has made arrangements to pay.

Dr. Clinton J. Rumrill of Randolph, one of the best known physicians of the east side of the State and the censor of the Fourth District of the Vermont State Medical Society, died at his home January 7th, 1918, of disease of the stomach for which he had undergone an operation.

On December 28, 1917, Dr. Edward Homer Martin of Middlebury, Treasurer of the Vermont State Medical Society, died at the Mary Fletcher Hospital at Burlington, of pneumonia following an operation.

Dr. C. W. Dustin of Craftsbury died suddenly at his home Nov. 28th. Dr. Dustin was nearly 80 years of age and was in active practice at the time of his death.

Dr. Joseph C. Breitling, formerly of Lunenberg, holds a commission as captain in the Medical Reserve Corps and is stationed at Fort Sam Houston, Texas.

Mrs. G. G. Marshall and daughters of Rutland have joined Capt. Marshall at Balboa Heights, Panama, where he is stationed at the Base Hospital.

Dr. C. S. Caverly of Rutland, who has been ill at his home, is much improved.

FOR SALE:—At once, cash. One Thompson-Plaster X-Ray Outfit complete and nearly new. Address, Mrs. F. N. Aldrich, Derby, Vt.

(Continued from Page 10)

war importation became more difficult.

Before the war began, the patented drug was sold at $4.00 per dose, which is approximately $3500 per pound, and speculatively it has brought as high as $35.00 per dose. While the price of the product is not fixed at this time by the Commission, the right to fix prices is retained, and a price of $1.00 per dose to the Army and Navy, $1.25 per dose for hospitals, and $1.50 per dose for physicians, are the prices at which some, at least, of the licensees have stated that they intend to offer the licensed drug.

The enormous shortage of supply on this important product will immediately be relieved, and the article placed in the hands of the Government, the hospitals and the medical profession at a price lower than ever before.

From the County Medical Societies

The monthly meeting of the Burlington and Chittenden County Clinical Society was held at the College of Medicine, December 4. Was opened at 8 P. M. by Dr. Sears.

The minutes of the previous meeting were read and approved.

Members present were: Drs. Sears, Wheeler, Beecher, Johnson, C. K., Twitchell, M. C., McCambridge, Brown, E. T., Twitchell, E. G., Forbes, Hunter, John, Morgan, Morrison, S. L., Coutu, Larner, Towne, Eastman, Hays, Pease, Adams.

Visitors: Dr. George Cook of Concord, N. H., and members of the Class of 1918.

Dr. Towne asked for discussion as to whether it would be better, during the period of the war, for the Society to dispense with refreshments at Society meetings.

Dr. Beecher expressed the opinion that the time spent after meetings in social intercourse was beneficial to all, and that it was an aid in attracting new members and inducing old ones to attend meetings. After further discussion by Drs. Wheeler and Towne, it was voted to restrict the articles of diet to be served to those not needed in the prosecution of the war.

The paper of the evening was presented by Dr. G. I. Forbes upon Electro-Therapeutics.

Discussion was opened by Dr. Beecher, who said that the discussion of electro-therapeutics centered around the clinical end results; that there had been lack of work with pathological tissue, and until its effect on pathological tissue is given, electro-therapeutics would not be appreciated.

Dr. Sears said, in his opinion, the use of electricity in diagnosis and treatment of nervous diseases is of value, but its use has been overdone and the results in many instances have been disappointing.

Dr. C. K. Johnson expressed the opinion that the subject should be more fully taught.

Dr. Eastman said that he had found the galvanic currents over the course of the nerves was of value in the treatment of neuritis.

Dr. Forbes, in closing the discussion, emphasized the following: that zn. ionization given by needle into the gland was an entirely satisfactory method of treating tuberculous glands; that tuberculous sinuses, which can be fully explored by means of a probe, can be entirely healed by the use of cu. ionization. The greatest value of static electricity is shown in the treatment of non-infective inflammations, as sprains and neuritis. It is of value also in the treatment of chronic ulcers. In inflammations its benefits are the result of the successive contraction and expansion of the tissue under its influence. The value of the high frequency current by the d'Arsonval method is best shown in the treatment of chronic rheumatism and hypertension. It favorably influences general matabolism, as has been shown by the increase of solids in the urine.

The meeting adjourned at 10:30. Refreshments were served.

B. D. ADAMS, Sec.

Twenty-five physicians attended the Quarterly meeting of the Rutland County Medical and Surgical Society held at the Rutland Hospital Tuesday, January 8th. Dr. C. F. Ball gave an address on "X-Ray Therapy in Malignant Diseases" which was illustrated with lantern slides. Patients were presented showing the results of treatment. Dr. W. G. Hodsdon of Rutland gave a talk on the "Practical Interpretation of X-Ray Plates" showing many plates to illustrate different conditions.

ABSTRACT.

Functional and Organic Differentia in Nervous Diseases as Shown by Cases.

By TOM A. WILLIAMS, M. B. C. M. Edin., Washington, D. C. Lecturer on Nervous and Mental Diseases, Howard University.

Read by invitation at the New York State Medical Association—*New York State Medical Journal,* September, 1916.

A new nervous symptom in a neurotic patient should never be attributed to his neuroticism. It should be first thoroughly observed and analyzed, for it may be an index of organic disease. For instance: A nervous man who had been drinking was referred on account of a tremor which had been treated for three months by hydrotherapy without benefit. Proper examination showed it was not a neurotic tremor at all, and that there was dysergia, impairment of speech, exaggerated reflexes, sluggish pupils and diminished deep pain sense. Syphilis was diagnosed, confirmed by examination of spinal fluid.

In another case, in spite of negative laboratory findings, a diagnosis of insular sclerosis was rejected because of the absence in a grave case of all three important differentia, nystagmus, Babinski sign and white papilla.

Again, a diagnosis of psychasthenia by the family physician because of the fear of going out was rejected because there were absent much necessary differentia as obsession, monomania, anxiety, compulsive movement, scrupulosity, and sense of incompleteness; and the examination then showed the condition to be a vasomotor one. It is by psychological criteria, that torticolis, facial grimace, or other tic is differentiated from spasm due to irritation of a reflex arc, as well as by the fact that the muscles involved are not innervated by a single nerve arc.

No neurotic condition should be diagnosed by exclusion; it is only by finding positive stigmata that one has a right to diagnose it.

From the Council of Pharmacy and Chemistry

During December the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Calco Chemical Company:
- Chloramine—B (Calco)
- Chloramine—T (Calco)
- Dichloramine—T (Calco)
- Halazone (Calco)

Dermatological Research Laboratories, Philadelphia Polyclinic Arsenobenzol (Dermatological Research Laboratories), 0.4 Gm. Ampules.

Farbwerke—Hoechst Co.:
- Novocaine

A. Klipstein and Co.:
- Sterile Solution Coagulen—Ciba (3 per cent. 1.5Cc. Ampoules.
- Sterile Solution Coagulen—Ciba (3 per cent.) 20 Cc. Ampoules.
- Tablets Coagulen—Ciba, 0.5 Gm.

Yours truly,

W. A. PUCKNER, Sec.
Council on Pharmacy and Chemistry.

Vermont's Own Company

The National Life Insurance Company, located at Montpelier, is commonly referred to throughout the country as the National Life of Vermont, and it certainly reflects in its annual financial statement, which appears on another page, the rugged conservatism that is characteristic of the Green Mountain State.

It is common knowledge that the conditions brought about by the War have caused a shrinkage in the value of all securities way below their real value in normal times and, recognizing this fact, the Insurance Departments of the various states have devised a plan of valuation to meet the present situation which will enable the companies to avoid, without detriment to their real financial strength, so severe a re-adjustment of their balance sheet as a customary market value basis would compel. Briefly, this new method is as follows: Values are to be taken as of November 1, 1916, February 1, 1917, May 1, 1917, August 1, 1917 and November 1, 1917. These five values are to be added together and then divided by five, and the result is to be the averaged value of any given security for the purpose of the annual statements of the various insurance companies.

The National, however, in its statement adheres to market values as being instrict compliance with the Vermont statute and also the most exacting test of solvency, not finding it necessary or deeming it advisable to adopt the approximated valuations allowed by the Insurance Departments, which would have largely increased its asset and surplus items. On the market basis of December 31, 1917, its assets amounted to $68,595,237.25 and its general surplus, above all liabilities, to $3,772,-109.94.

The rugged strength of this great life insurance company, which enables it to make such a wonderful statement of condition in the face of the severest test to which the life insurance companies of this country have ever been subjected, should be a matter of pride to every Vermonter and should bring satisfaction to its policyholders throughout the United States.

In 1917 the Company surpassed all prior records in volume of premiums received, in volume of insurance paid-for, in increase in insurance in force, in amount of dividends paid to policyholders, and in amount of total payments to policyholders. Its outstanding insurance at the close of the year amounted to $223,593,866.

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Original Papers

PNEUMONIA AND SERUM THERAPY

E. H. Buttles, M.D., Burlington, Vt.

Read before the Chittenden and Burlington Clinical Society.

Lobar Pneumonia is an acute infectious disease, usually caused by the pneumococcus, and as pneumococci are often found in the respiratory passages of persons in health it has been commonly believed that pneumonia was usually an auto-infection, in which the harmless residents of the normal mucous membranes, encouraged by some lowering of resistance on the part of the host, became virulent and overcoming the natural immunity, produced the disease. That this sometimes does take place, especially in children, is probably true.

However, in work at the Rockefeller Institute during the last six years, Dochez, Avery, Cole and others have shown that there are several distinct varieties of pneumococci, which may be differentiated by serum reactions, though not usually by morphological or cultural characteristics. The classification was worked out as follows: From a case of pneumonia the pneumococci were isolated and grown in pure culture, and a laboratory animal given several inoculations of this culture. It was found that the animal developed antibodies, so that its serum, when mixed with the culture, would protect an animal against a dose that would otherwise kill. Also the serum, when added to a culture of the specific organisms had the power of agglutinating them. It proved, however, that one serum would not protect against nor agglutinate all cultures of pneumococci. By obtaining pneumococci from many cases, immunizing animals and testing the immune sera with the different strains of the bacteria, a division into four groups was made, designated as Types I, II, III and IV. Serum prepared from one organism of type I will agglutinate in certain dilution all organisms of that type but not of the other types. Nor will it protect an animal against the other types. Types I, II and III seem quite distinct, while all the strains that fail to qualify for one of these groups have been placed in Type IV, which is thus a collection of various strains. Olmstead at the Presbyterian Hospital has shown that the group may be further subdivided into several smaller groups.

It appears that these four types of the organism differ in virulence, and it seems that the mortality percentage from each type is fairly constant. At

the hospital of the Rockefeller Institute some 500 cases have been studied and it appears that of every 100 cases of lobar pneumonia

Type I causes about 33, of whom about 10 die, equals 30% mortal;

Type II causes about 30, of whom about 11 die, equals 37% mortal;

Type III causes about 16, of whom about 8 die, equals 50% mortal;

Type IV causes about 21, of whom about 4 die, equals 19% mortal.

These findings have been quite constant in the different years, and figures secured at other places in this country correspond in a general way. Roughly then types I and II each cause in the vicinity of one-third of all case of pneumonia, and with each type a mortality of 25% to 35% may be expected. Type III causes the fewest number of cases but has the highest percentage of mortality. Type IV, which is especially apt to be found in the pneumonias of children, has by far the lowest mortality. By examination of a large number of persons in health it has been found that types I and II are practically never encountered except in patients or persons who have had recent contact with cases of these types. Type III is sometimes found, possibly in 10% of all, while type IV is met with in about 30%.

Therefore the conclusion follows that pneumonias of types I and II, including about two-thirds of all pneumonias in adults, are not auto-infectious, but are conveyed by patients or carriers, in the same way as other diseases of the respiratory tract are spread.

The results obtained with laboratory animals of course suggested that for each type of pneumococci an immune serum might be prepared which would have a specific therapeutic action of high value. This idea was worked out at the Rockefeller Institute with subsequent cases of pneumonia. Horses were inoculated with each type of the organism, and stock sera of types I, II, III were thus produced.

When a case of pneumonia occurred thereafter, the type of organism causing the infection was determined. The sputum from the deeper air passages, free from saliva, is obtained in a sterile container and transmitted at once to the laboratory. Direct smears are made, stained and examined for bacteria having the morphology of pneumococci. If the specimen appears suitable a piece the size of a bean is selected, washed in several changes of sterile saline and emulsified in a sterile mortar with a few drops of saline. This emulsion is then inoculated into the peritoneal cavity of a white mouse. As soon as the mouse appears sick, usually 6 to 12 hours later, a preliminary peritoneal puncture is made, and smears examined. When organisms judged to be pneumococci appear in large numbers the mouse may be killed. Autopsy is performed and cultures made from the blood and peritoneal exudate. The peritoneum is then washed out with sterile saline, this washing, which contains large numbers of the bacteria, is centrifugalized, and agglutination or precipitation tests are tried, using stock immune sera of the various types. By the specific reaction the type of the organisms is determined. If the peritoneal exudate fails to give suitable cultures for these tests they can be tried later on the cultures made at the autopsy after a few hours' inoculation. In something like a third of all cases a precipitation reaction can be obtained from the patient's urine which will give an almost immediate diagnosis

of type, without the necessity for the sputum inoculation. But this urine reaction is apt to be present only in the more severe cases. As a rule the laboratory determination of type will require from 8 to 24 hours.

Following this determination of the type of organism, immune serum of that specific type was administered, but only in cases of type I has it appeared of enough value to warrant its use. The Rockefeller Hospital reports 110 cases of pneumonia due to organisms of type I, with 8 deaths, a mortality of 7% as against a 30% mortality in cases treated without serum.

Major Nichols of the Medical Corps of the U. S. Army reports an epidemic of 400 cases of lobar pneumonia among the troops at El Paso, Texas, last winter. The type of infection was determined in 150 cases, and slightly over 50% of these were type I. Sixty-three of these were given serum treatment, with 5 deaths, a mortality of 8%, while of 18 cases where serum was not available there were 7 deaths, a mortality of 39%. This method of treatment has also been used at the Presbyterian Hospital, the Brigham hospital and in Western Pennsylvania, and I find recorded in all 226 cases so treated with 25 deaths, that is a mortality of 11%. Of course this number of cases is small, and enthusiasm is apt to run high for any new method of treatment. But the treatment is based upon the soundest principles underlying specific therapy, the neutralizing effect of the serum has been demonstrated certainly in laboratory animals, and users of the serum seem to agree that clinically the patients appear to be benefited. As would be expected the earlier the serum is used the more benefit is received. On the whole it seems that here is a method of treatment suitable for about a third of all cases of pneumonia, and which, used under favorable conditions, might be expected to save seven or eight out of every hundred cases. Moreover, we may hope that sera may later be developed for the other types.

Of course there is another side to the question, and it presents several disadvantages. The difficulty of obtaining sputum in some cases, the necessity of having laboratory facilities near at hand, the possible difficulty in obtaining serum for treatment, and the need of getting the case early will limit the practical application of the method, without affecting its value in suitable cases. But the administration of the serum is always attended with some difficulties and probably with some danger, as it is given in large doses, of about 100 c.c., intravenously, and is apt to excite reactions that may cause considerable discomfort and perhaps danger. These reactions may be of the nature of a specific anaphylactic shock, or of a non-specific reaction to the serum proteids, and may be immediate or delayed. For this reason the serum should be given by one who has knowledge of such reactions, and with certain precautions. It is advised that a preliminary dose of a fraction of a c.c. be given intradermally as a test for sensitiveness, that the first therapeutic dose be preceded an hour or so by a subcutaneous dose of one or two c.c., that the serum for intravenous use be warmed to body temperature, and that it be given very slowly, it being the rule at the Rockefeller Hospital to use at least 15 minutes in giving the first 15 c.c. The serum should be repeated if necessary every six hours, and usually two or three doses are needed. Still trouble-

some reactions occur, and while no record of death from such reactions appears, they remain a source of discomfort to the patient and a legitimate objection to the treatment.

The method of treatment has appeared of enough promise so that the Health Departments of New York, Massachusetts and Vermont at least, have arranged to have the type determination made upon suitable specimens at the public health laboratories. The United States army also has sent a considerable number of medical reserve officers, who have had laboratory experience, to the Rockefeller Institute to learn the technic of the type differentiation, with the idea of guarding against epidemics of pneumonia in the army camps. It naturally occurs to one that polyvalent serum or Type I serum might be given to all cases of pneumonia, without the delay of the laboratory procedures. In the epidemic among the soldiers at El Paso, one dose of mixed serum of types I and II was given as soon as possible and Major Nichols recommends this procedure in army camps. But in general, on account of the expense and difficulty of the administration of serum, the possibility of serum reactions, and the useless discomfort caused two-thirds of the patients it is doubtful if this would be advisable.

Conclusions

Serum therapy in pneumonia, based upon type differentiation, rests upon sound theoretical grounds. Such treatment is not at present generally available, but under certain conditions has distinct value. There is reasonable ground for hope that a more successful specific therapy for lobar pneumonia may be developed along these lines.

REMARKS ON GOITRE

(*Based upon* 190 *thyroid operations by the author.*)

FRANK H. LAHEY, M.D.,
First Assistant Surgeon, Boston City Hospital.

Although I am constantly impressed with the fact that partial thyroidectomy is one of the most satisfactory operations in surgery, if not the most satisfactory, I frequently encounter patients who have been told by their family physician that the operation is not successful, that it necessitates the taking of thyroid extract for the rest of their lives, or that it has such a high mortality as not to be worth undertaking. Neither of these statements is true; indeed, both are quite contrary to the facts.

Because of the existence of these views, and because of the confusion still apparent regarding diagnosis and treatment, I wish briefly to set forth a few remarks on this subject, based upon 190 thyroid operations personally performed, and also upon the observation of a much larger number of cases.

Because of my particular interest in thyroid diseases, such cases are constantly being referred to me, and it is from my observation of misunderstandings of diagnostic points in regard to thyroid diseases on the part of practitioners that I am led to attempt the correction of some apparently misguided impressions.

Remarks Regarding Diagnosis

In my experience, goitre, either through its presence or its absence, is responsible for more wrong interpreta-

tions of thyroid diseases than any other one diagnostic sign.

Some practitioners still evince a tendency to group all thyroid diseases under this term (goitre), whereas, in fact, the most serious disease of the thyroid often shows little or no goitre.

An enlarged thyroid often leads the practitioner unfamiliar with thyroid diseases, to suggest operation, even though the condition be perhaps physiological enlargement, without the symptoms and not due to exophthalmic goitre, cysts, or adenoma of the thyroid. Such an error is not serious, except when, as has happened several times in my experience, patients have made rather long journeys only to be told that operation was not necessary.

Much more serious mistakes, resulting in failure to make an early diagnosis of the disease, arise from the absence of the goitre, when many of the other classical signs of exophthalmic goitre (hyperthyroidism) are present.

So much stress has apparently been laid on the four cardinal signs, as they are called: goitre, tachycardia, exophthalmos, and tremor, that many practitioners are not ready to diagnose a condition as hyperthyroidism until they are present. I have repeatedly seen cases that were striking examples of hyperthyroidism, in which I have reported the condition as such, only to have the family physician communicate with me and say, "But, my dear man, there is no goitre present, so how can you make a diagnosis of exophthalmic goitre?" It is hard enough to eradicate old teachings, but any disease burdened with a descriptive name founded upon two out of four cardinal signs is doomed indeed to hardship, when experience shows that the disease so named repeatedly occurs in the absence of the two diagnostic signs which grace its distinctive nomenclature (exophthalmos and goitre).

Exophthalmos is also a sign that occasions not a few diagnostic mistakes, not through its presence so much as by its absence. Its presence, of course, is positive evidence; although it should be borne in mind that many individuals are born with large and prominent eyes. But it is my experience that exophthalmos is quite as often absent as present, and is of value only as positive evidence. Staring and infrequency of winking are more often present and of greater significance than exophthalmos.

Tremor may be fine or coarse. The latter is easily discernible, the former may readily be overlooked, unless closely observed.

Of the secondary signs, the most valuable when present is loss of weight; although in this connection it must be remembered that hyperthyroidism is characterized by remissions, and a gain or, at least, no loss of weight may occur during one of these periods. A point also to be noted in these cases is the fact that loss of weight goes on in spite of a good or, more often, well-marked increase in appetite.

Another very constant indication of hyperthyroidism not commonly recognized by those who are not dealing with the condition daily is myaesthenia. Loss of strength is a very constant factor in this disease but, because of the keyed-up condition of these patients, is often overlooked, both by the patient and the examiner.

Of the eye symptoms, staring and diminished frequency of winking are the most constant and of the greatest significance. The signs of Moebius (in-

ability to converge both eyes on a near point) and of von Graefe are variable and only present in my experience in well-marked cases, when so many other indications are present that they are unnecessary as confirmatory evidence of disease. Staring and diminished frequency of winking, on the other hand, are often present very early in the disease and while its general effects are still but slight.

A subjective feeling of heat in the skin and a subjective feeling of dyspnoea are quite constant and significant diagnostic signs.

Basal metabolism, while only obtainable in large cities, or where laboratories are maintained in connection with medical schools, is of great value in those cases of doubtful, obscure cardiac conditions which may be mistaken for hyperthyroidism.

Remarks Regarding Surgical Treatment

It is not my intention to publish statistics until my series of thyroid operations has reached 200 cases. There are certain convictions, however, regarding the benefits of partial thyroidectomy and of pole ligation which I have no fear of having to withdraw later. Of the former, partial thyroidectomy, I feel no hesitancy in saying that there is no operation in surgery so gratifying,—restoring, as it often so surprisingly does, an emaciated, shattered, and irritable individual to a plump, placid and normal person. Of the latter, pole ligation, I am sure that by its preliminary employment in dangerous or doubtful cases a distinctly lowered mortality (2% or lower) will be maintained.

What has been said so far applies to exophthalmic goitre or primary hyperthyroidism. It should be remembered that a similar condition often appears with large or small adenomata of the thyroid, and that a cure, just as with primary hyperthyroidism, will usually result after the simple removal of the adenoma or adenomata.

The not infrequent degeneration of adenomata into carcinomata, to say nothing of the improvement in the personal appearance, should lead, I believe, to the removal of all such tumors of any size whatever.

Other Forms of Treatment

There is no specific medical treatment. The treatment, in general, consists of an endeavor to protect the organism against those effects of high-speed function which are so intimately connected with this disease. This is attempted by diminishing the activity (rest in bed), and so diminishing function, resulting in a nearer equalizing of metabolic processes (reduction in pulse-rate, approximate maintenance of body weight).

Unfortunately, the evidences and effects of high-speed functions promptly reappear on arising from bed, and in some cases fail entirely to be even slowed down by the diminishing of bodily activity.

It is true, and seems quite generally accepted now, that there are no drugs which manifest any specific action in the way of controlling cause and effects of this disease.

X-Ray Treatment

My personal opportunities to observe the results of X-ray treatment have dealt almost entirely with its failures, inasmuch as many of my operative cases have undergone long courses of X-ray treatment without avail. I by no means

wish to say that X-ray treatment has no effect upon the disease. It surely has some, but I have not as yet seen a case treated by X-ray in which the result in any way compared with that of surgical treatment. In the cases which I observed X-ray results have been quite incomplete, or of no value whatever.

It should be remembered that X-ray treatment produces a distinct mortality and that deaths have occurred in acute hyperthyroidism following its application, just as with surgery.

Mortality

The mortality should remain in the neighborhood of two per cent, and not over three per cent at any time. My own mortality has been less than two per cent (1⅔%) in the last 175 cases done with scopolamine, morphine, novocaine, and gas, and only slightly over two per cent (2 1-15%) in the entire group of cases, including the first fifteen cases done with ether, in which there were two deaths.

Resumé

Not every goitre is hyperthyroidism.

Not every hyperthyroidism presents goitre.

Exophthalmic goitre may be marked by the absence of both of these nomenclative signs.

A markedly increased appetite may be rewarded by ever-increasing emaciation.

A markedly increased alertness is disappointingly negatived by a woeful lack of endurance.

The exceedingly satisfactory results from surgery more than repay the very moderate risk taken (1.66% to 2.06%).

Medical treatment usually resolves itself into disappointed expectancy.

Myxoedema, tetany, and loss of voice* are not to be feared, except at the hands of those not experienced in thyroid surgery.

Thyroid surgery returns higher dividends to experience than almost any other surgery except, perhaps, brain surgery.

VITAL THYROID-PARATHYROID ACTIVITIES

CLARENCE F. BALL, M. D.
Rutland, Vt.

(Continued from January Number)

(Through an error the first section of this original article was printed last month under the caption "Progress in Medical Science.")

Having considered the biological basis for the various thyroid manifestations it now becomes particularly pertinent to consider Plummer's classification of thyroid conditions as:

VII. "(1) hyperplastic toxic;
(2) hyperplastic atoxic;
(3) non-hyperplastic toxic:
(4) non-hyperplastic atoxic"

His percentages for cases operated are approximately 32% hyperplastic and 68% nonhyperplastic. Of all cases having a hyperplasia 99.2% show toxic symptoms and 0.8 of 1% are atoxic. Of patients having a non-hyperplastic goiter from 20-32% are toxic while 68-80% are atoxic. These are very valuable figures and should be carefully

*Permanent injury to one recurrent laryngeal nerve occasionally cannot be avoided in some adenomata of the thyroid, which have grown deeply downward and into the thorax.

considered. He very aptly summarized the general subject of thyroidism thus:

VIII. "The degree of acute intoxication is indicated by the symptoms directly attributable to the nervous system, and the cardiac damage is, in a broad way, indicative of the degree of chronic intoxication."

Wilson, in checking up Plummer's clinical observations concludes that there is but a negligible margin of errors as proven by the subsequent pathological examinations[ix].

He classifies his pathological findings thus:

X. "(1) primary hypertrophy and hyperplasia of epithelium
(2) primary retention of colloid with atrophy of epithelium.
(3) encapsulated adenomas.
(4) carcinomas, with their several subdivisions."

The foregoing briefly reviews the essentials of empirical clinical thyroidism observations around which has been evolved quite a satisfactory biochemical process which allows of verification histologically. There is, of necessity, a more or less complex interrelation of the nervous system, which is purposely omitted in order not to complicate a ready understanding of the already intricate biological processes.

At present many of the minor ailments of both children and adults are more and more being viewed from the standpoint of either an atypical, deficient, or over active thyroid glandular activity. Referring to the minor deficiencies, Harrower brings out many interesting points regarding hypothyroid manifestations. I will quote him thus:

XI. "The minor cases of hypothyroidism complicate the work of the general practitioner in such disorders as nocturnal enuresis, headache, cold feet and hands or chilblains; the dermatologist is concerned because of the connection of many dermatoses, as, psoriasis, prurigo, eczema or herpes, with hypothyroidism; the internist finds a relation between this condition and certain forms of rheumatism and cardiac disorders; the neurologist knows that neurasthenia, melancholia, many forms of insanity and some of the psychoses may be purely thyroid in origin and as one prominent alienist put it "The most important single remedy in the asylum is probably thyroid extract": the gynecologist finds the thyroid a direct cause of many functional genital conditions and has learned that it is so intimate with the ovaries that disorders of them cannot occur without some reflex influence upon thyroid activity, he also has found in thyroid extract a most useful means of treating many forms of female disease especially amenorrhea and dysmenorrhea of certain forms; the surgeon finds the thyroid more of an unmitigated nuisance than a help, although a connection between thyroid activity and bone growth is reported and the control by this gland of development makes it of importance in the consideration of a number of deformities and dystrophies. Last but not least, in pediatric practice thyroid therapy, and of course the physiologic influence of this gland, is all important.

It is quite safe to say that the physician who remembers the extreme intimacy of the thyroid gland with disturbances of nutrition will be much more successful in his treatment."

Harrower points out that often only minute quantities of the thyroid extract

are necessary, continued over a considerable period of time, to produce very favorable results. Often as small a dose as from 1-20 to 1-4 gr. twice or three times daily for some weeks, will change the order of things either in children or adults. Treatment will, of course, be possible of better standardization as soon as thyroidin becomes a commercial product, instead of being available only for use in experimental laboratories.

Sloan, in his article "The Goiter Problem",

XII. calls especial attention to thyroid enlargements in incipient tuberculosis. He finds that the thyroid is also frequently involved in acute infections and calls attention to a possible thyroid pathology in acne with intestinal stasis as an underlying factor. Intestinal stasis, if not productive of acne, may produce what has been spoken of as a "Cold Grave's Disease". Especially may this be true in chronically constipated women. Many other conditions will present themselves to the alert physicians as being due to a possible abnormal thyroid functioning.

Lahey, in an article dealing with "What Goiters Demand Operation" brings out many valuable points. He mentions thyroiditis as occurring only occasionally. Regarding the symmetrical thyroid enlargements in young girls without toxic symptoms he says:

XIII. "Provided there are no systems of hyperthyroidism, this type of goiter in no way demands surgery but should be submitted to medical treatment, and a careful watch kept for the onset of symptoms of hyperthyroidism, when an operation should be advised."

Kendall suggests that colloid is the vehicle of conveyance of thyroidin, and regarding colloid retention enlargements Lahey says that they:

XIV. "may be submitted to surgical treatment because of its unsightly appearance, because of pressure symptoms, or because it has persisted for a long time."

Of the more serious enlargements involving the whole gland, especially the right lobe with toxic symptoms he says:

XV. "are best submitted to surgical treatment in the form of ligation or partial thyroidectomy as early as possible. In this group it should be remembered that the so-called cardinal symptoms of hyper-thyroidism—goiter, exophthalmos, tachycardia and tremor—need not be and frequently are not all present. It should be remembered that the presence of two of these symptoms with or without some of the secondary symptoms, and such as nervousness, diarrhoea, sweating, etc., should suggest strongly the existence of this disease and even the presence of an unexplained tachycardia be looked upon with suspicion. This group of cases should be submitted to surgical treatment as soon as the diagnosis can be made with certainty."

Cystic enlargements are often very elusive as Lahey well says:

XVI. "I wish here to call attention to the fact that a very large intrathoracic cyst or adenoma may be present while there appears but a slight enlargement in the region of the thyroid gland represented by the top of the cyst as it appears above the clavicle or sternal notch. This is the type of case which is often overlooked by the physician, or told that his goiter is not of sufficient size to be of importance. I wish further to call attention to the fact that these intrathoracic

goiters may exist with but occasional interferences with respiration or circulation.''

Adenomata, whether single or multiple, should be removed because of their appearance, pressure symptoms, or because there is always a possibility of malignant development, regarding which possibility, Lahey says:

XVII. ''this constitutes an argument in itself which should lead us to investigate and remove all suspicious localized swellings of the thyroid gland.''

Carcinomas are a not infrequent late complication of early goiter manifestations. Sarcomas, while not unknown, are seldom encountered. Either should be operated early to be in any way beneficial and it is doubtful if operation is often of real value. Roentgen therapy seems to offer the best possibilities in such cases. Pfahler, our pioneer Roentgen Ray therapist, reports many very satisfactory results following heavy X-Ray applications. Incidentally he obtains very desirable results in toxic goiter cases, treating also the thymus gland area as this is so frequently involved. Personal experience in the treatment of a few similar cases has been very satisfactory.

Whenever, in a given case, operation is seriously considered Berkman's advice as to ''Pre-operative Considerations'' are worthy of note:

''For purposes of correlation I shall briefly state the following accepted theories:

XVIII. ''1. Exophthalmic goiter is a pathologic condition of the thyroid in which, by hypertrophy or actual hyperplasia of the secreting tissue, relatively tremendous amounts of the normal thyroid secretion are thrown into the circulation.

2. To the best of our present knowledge, thyroid secretion in its normal or physiologic dosage is the stimulant control over organic function as a whole. It is, therefore, essential to the proper maintenance of physiologic activity.

(3). The condition brought about by over-secretion is a condition of excessive stimulation of practically the entire composite physical and mental mechanism. The result of a continuation of this excessive stimulation is organic degeneration, which is most apparent in the cardiac and nervous system.

It is not my purpose to contrast for effect the medical and surgical therapeutic measures. Let me merely state that the analysis of not only our experience but also the experience of competent observers at large, convinces us that in the majority of cases surgery, while by no means ideal, offers the greater chance of permanent relief. In thyroid work the question continually presenting itself to the surgeon is the mortality rate, and we are firmly convinced that the delicacy *of thyroid surgery lies not alone in operative technic but equally in the accurate estimation of the patient's condition and power to withstand stress.''*

As to method of operative technic to employ much discussion still exists. The general practice of one of the largest clinics in the world should be of value in determining safe operative procedures. It is not advisable to operate upon toxic cases that cannot hold a sustained breath for forty seconds, or better, as this is an expression of deficient oxidation processes and consequently seriously jeopardizes the patient's surgical resistance. It is a very simple test for one so valuable and while it is especially applicable to goiter cases it may be routine-

ly of value in picking out other treacherous surgical risks. Regarding cardiac complications *fibrillators* should always be brought down as *flutterers* by rest and large doses of digitalis. before attempting operation, at which time they are considered but a little less favorable than uncomplicated cases. Incidentally patients unable to hold a sustained breath of at least 20 seconds show a dangerous myocardial insufficiency. Ligation of the superior thyroid artery is always in favor as a preliminary measure, especially in toxic cases. It is readily apparent biologically why beneficial results should temporarily follow ligation as it must of necessity restrict the *Kinetic drive* at least for a time. Following favorable clinical improvement go about thyroid removal itself which is now generally conceded best performed by ablation of the gland except the lower posterior third, behind which, and attached to the capsules, are the essential parathyroids. By thus removing the gland and isthmus if operating bilaterally, there can be little danger of injury either to the parathyroid bodies or recurrent laryngeal nerves.

A recurrent hypertrophy or hyperplasia of remaining gland tissue is possible, though not very probable. Cases thus operated seldom require reoperation.

As to anaesthesia probably the best practice is that of the Mayo Clinic. They use novo-caine locally over the proposed line of incision, starting the operation at the outset of etherization. It is during the manipulation of the deeper structures that a full anaesthesia is necessary. Ether administration is stopped as soon as the gland removal has been completed and the remaining operative work accomplished as the patient is coming out of the ether. The advantages of such a combined anaesthesia are obvious, especially in toxic cases with cardio-vascular involvements.

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Vermont Medicine

The Official Organ of the Vermont State Medical Society

Conducted by the Publication Committee

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Editorials

MALINGERERS

The statement has been made by a profound student of human nature that a nation of cowards could not exist, and certainly courage in its intimate and primitive sense may be regarded as a universal attribute of the human soul. In the present world-war this fact receives ample confirmation. The differences between the armies of Germany and those of Russia, for instance, did not rest upon a difference in courage but of discipline and of equipment and supplies. There are no cases of cowardice reported even among individuals. The average grocery clerk or street-lounger will if duly disciplined stand at his post until he is shot to pieces as bravely as a Pomeranian fire eater. Confidence is the basis of courage—confidence in one's self, in his weapon, his leader and his cause, and this confidence is built on two things, knowledge and discipline. Pride also enters into it and emulation, so complex is this quality of courage. But it exists in all and may be developed in all.

A thousand instances of this could be presented. Let one suffice. When the Cid was exiled by King Alfonso, he went to the territories of the Moors and besieged Valencia. Wars were waged in a very leisurely manner in those days. To make an attack on the hostile army before breakfast or after dinner would have constituted a breach of the implied compact which limited all attacks within those bounds. This compact was never broken, so we do not learn the penalty of infringing it. One day Martin Pelaez, journeying from Asturias, came to the Cid and offered his services. He was a big, stalwart Knight who held his head high and boasted of his deeds of arms, but the Cid received him with regret for he knew that he was a coward. The next day when battle was joined, Martin withdrew warily and

rode back to his quarters unperceived as he thought. Home came the Cid and his Knights at dinner time and Martin also presented himself and offered to sit down with the famous Knights who had turned the pennon of the Cid into a royal banner, but the Cid came up to him and taking him by the hand led him to his own table, saying, "It is not for such as you and me to sit down to meat with these illustrious Knights, for we are not worthy." So Martin sat down with the Cid and thought that this was done to honor him. For several days this continued and Martin turned the matter over in his mind and saw that the Cid knew his cowardice and had, with gentle courtesy, done him the deepest shame that could be devised, and the next day Martin rode forth with the first Knights and was the last to leave the field, for he ever more thrust himself forward into the thickest of the press and smote and hewed with the sword until the Moors fled from him affrighted, crying, "Where hath this devil come from, for we saw him not before," and all fear fell from him, never to return, and when at meat he would have sat down at the Cid's table, the Cid took him by the hand and led him to the table of the Knights and said to him: "Sit you here with Don Alvar Fañez and these other good Knights, for you have merited henceforth to have honor done you." And thereafter all his life long Don Martin Pelaez proved himself a good Knight, brave in battle and modest in council, for the Cid knew well how to make a brave Knight out of a coward.

And yet cowards have always been. The word "poltroon" recalls a time when men maimed themselves by cutting off their thumbs (pollice trunco) to avoid military duty. Though effective, this expedient was very crude. Today malingering has become developed to a fine degree. Certain skin diseases as erythema, eczema and herpes are simulated by rubbing certain areas with nettles, poison ivy, liquids containing chlorine or arsenic, aniline dyes, cantharides or tartar emetic ointment. Ulcers are produced by the use of potash or soda lye, sulphuric or nitric acid or a strong solution of zinc chloride. Multiple abscesses are procured by the insertion under the skin of small particles of fecal matter, and phlegmons by the subcutaneous injection of kerosene, gasoline or chloride of lime. Paraffin has been injected to produce a lipoma, and cantharides or copper sulphate has been rubbed into the eyes to cause conjunctivitis or atropia to paralyze the accommodation. Irritating gargles may bring on a tonsilitis while a mixture of oil and tobacco when swallowed will cause violent gastric symptoms. Beet juice has produced many a disqualifying hemoptysis and walnut juice used externally or picric acid swallowed are known to produce a most satisfactory jaundice. Albuminuria, diabetes, proctitis can be easily simulated and paraffin injected into the scrotum has more than once done sentry duty for an old scrotal hernia.

And yet these miserable beings who resort to such wretched frauds would in all likelihood make good and capable soldiers if the element of fear could be eradicated by discipline and familiarity with the dangers from which their imaginations revolt. Convince them that they are not real cowards, that they are only afraid of being afraid and they pass over the threshold of fear and prove themselves men as others are.

We do not suppose that any one is unconvinced of the bravery of Henry IV of France and yet at his maiden

essay, the capture of Cahors, so great was his fear that his friends dissuaded him from engaging personally in the attack. He shook as if with an ague and the cold sweat drenched his body while his face was the face of a corpse, yet he was the first to attack the wall and rushed on undaunted against the bullets of the beseiged in the midst of a storm of bullets and stones and burning oil until his companions in the assault were almost entirely destroyed at his side. Frederick the Great fled from the field of Mollwitz in a panic of terror and could hardly be persuaded that his troops were eventually victorious, and yet Frederick became, as everybody knows, one of the first generals in history. Garcia II of Navarre received the derisive title of "The Trembler," a title bestowed in contempt which became later a mark of esteem and admiration for his warlike prowess.

These and many other examples show that fear can be overcome and that cowardice is merely a psychic phase. The best thing for the slackers and the shirkers and the pacifists is to put them in the ranks—the best thing for them, since by restoring to them their self respect they may thus receive a revelation of themselves as beneficent as unexpected. Perhaps, too, understanding something of this psychic condition, we may have that indulgence which will tend to pity and correct the misapprehension and diffidence which in many cases underlie this unfortunate condition.

We wish to call especial attention to a communication which we have received from Dr. W. A. Puckner of the *Council on Pharmacy and Chemistry* of the A. M. A. and which is printed elsewhere in this issue, requesting information concerning all fatal accidents occurring as the result of local anesthesia. This is an important matter which has as yet received little attention. Whether all cases of drug susceptibility are to be grouped under the head of anaphylaxis, we have as yet not adequately inquired but at least those deaths which are due to unexplained causes should be investigated as carefully as possible in order that if any common factor exists among them it may be discovered and eliminated. It is, of course, understood that these reports are only to serve this excellent purpose and the personal element is properly absent.

Keeping in touch as well as we can with the health condition of our training camps we have to copy the memorandum sent to each camp by Surgeon General Blue for the purpose of organizing control of venereal diseases. It was issued January 2, 1918.

TELEGRAM

Control venereal infections in connection prosecution of the war constitutes most important sanitary problem now confronting public-health authorities of United States. Plan of control mailed you to-day. Request your co-operation forceful enforcement same. Venereal infections should be made reportable and quarantinable means of diagnosis and cure should be provided. Compaign wisely conducted publicity should be launched. Please inform me your action in premises.

BLUE,

Surgeon General, U. S. Public Health Service.

The letter itself is too long for us to reproduce, but it evinces a laudable desire to remove from our armies a disgrace that throws into the shade the lamentable sanitary conditions of the Spanish-American War.

Secretary's Page

Correction.—The January issue of VERMONT MEDICINE stated that Dr. David Marvin was elected as treasurer to succeed Dr. E. H. Martin, deceased. This should be corrected to read that the president, Dr. C. W. Bartlett, of Bennington, has appointed Dr. David Marvin of Essex Junction treasurer of the Vermont State Medical Society for the remainder of the current year.

Annual Dues.—Attention is again called to the notes on the annual dues published on page 12 of the January issue. So far, fourteen men have sent in their membership dues from one county only. We realize that the profession of the state are busily engaged at this time with the additional burden imposed by the examination of registrants, however dues should be sent to the county treasurer on or before April first. **THE ROSTER IS COMPILED ON APRIL FIRST OF EACH YEAR AND WILL CONTAIN THE NAMES ONLY OF THOSE WHO HAVE PAID THEIR DUES.** Do you wish your name to appear or to be omitted? This is the only printed list of the members of the Vermont State Medical Society, and in future years constitutes the only public record of your membership.

Sincerely yours,
WM. G. RICKER.

From the County Medical Societies

Bennington County Medical Society

The quarterly meeting of the Bennington County Medical Society was held in Bennington January 30, 1918.

The report of the secretary showed an increase of 2 members during the past year.

The report of the treasurer showed the finances in fine condition and the Society showed its patriotism by voting to buy a $50 Liberty Bond and to keep in full membership and to pay all dues to the State Society of any member who may serve in the United States Army or Navy during the present war.

Arthur W. Benson, M.D., of Troy, N. Y., was the speaker of the meeting, and he gave a talk on "Infant Feeding during the First Year of Life."

Frank E. Whipple, M.D., Manchester Center, was voted into membership.

LUCRETIUS H. ROSS,
Secretary.

Burlington and Chittenden Clinical Society

On December 27 the regular monthly meeting of the Society was called to order at 8:45.

Dr. J. N. Jenne was elected presiding officer, as both the president and vice-president were absent.

Members present were Doctors Jenne, Tinkham, Wheeler, Rist, Dodd, Allen, Pease, Hulburd, Flagg, Arnold, McCambridge, Towne and Adams.

Minutes of the preceding meeting were read and approved.

The name of Dr. C. L. Gannon was presented for membership.

The paper of the evening was by Dr. H. C. Tinkham on "Physical Fitness." Dr. Tinkham gave the causes of rejection, and percentage due to each cause, of men called in the first draft contin-

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Communication

Editor Vermont Medicine:

Dear Sir:

The question has recently arisen regarding the propriety of sending low grade imbeeiles and idiots to our new school for feeble minded ehildren at Brandon. In eonneetion with this also arises the question of sending these eases to the State Hospital at Waterbury. In one ease a probate judge has refused to commit a case of this kind to Waterbury, basing his refusal upon that seetion of the publie statutes which provides that no imbecile, idiot or *non compos* person who is not dangerous to be at large shall be committed to a hospital for the insane.

The State Board of Health has asked for a publie statement of the opinion of the board of Supervisors of the Insane upon these several points which is herewith appended.

First, having recently visited the Brandon sehool and observed its practieal working, we are unanimously of the opinion that it is a mistaken poliey to send there low grade imbeeiles and idiots who are incapable of any development in the way of manual training. What such children need is not a school but a hospital or "'home". Furthermore, with the limited aeeommodations and a waiting list as at present existing, to fill it up with this class is to subvert its real object—the *development* of the feeble minded—by keeping out those who might be benefited.

We further believe that our state hospital is the proper plaee and offers the best faeilities for the custodial care of these unfortunates, after fourteen years of age—that is after puberty.

Regarding the question raised of a legal obstacle to the commitment of idiots to the state hospitals, we would say this:—Disclaiming any intent to trespass upon the sacred domain of law it seems to us proper to state that of late years the statute referred to has received, both by the medical profession and the eourts, a broader and more just interpretation. It all hinges upon the real meaning of the word "dangerous" as used in this eonnection.

We believe (and we understand this view is the one taken by most courts) that persons so insane or so demented as to be wholly irresponsible and to require eonstant surveillanee for their own safety, are potentially a menace, to themselves if not to community, and therefore "dangerous" within the meaning of the law. Persons eommitted to our state hospitals are not only doubly but trebly guarded from injustiee. First by the examining physicians, next by the court granting the mittimus and lastly by the board of Supervisors who can discharge any inmate of the institution whom they believe to be unjustly eommitted or held.

R. M. PELTON,
F. E. STEELE,
W. N. BRYANT,
Supervisors of Insane.

REPORTING OF ACCIDENTS FROM LOCAL ANESTHETICS

To the Editor:—The Committee on Therapeutic Researeh of the Council on Pharmaey and Chemistry of the American Medieal Assoeiation has undertaken a study of the aeeidents following the clinical use of loeal anestheties, especially those following ordinary therapeutic doses. It is hoped that this study may lead to a better understanding of the cause of such aeeidents, and consequently to methods of avoiding them, or, at

least, of treating them successfully when they occur.

It is becoming apparent that several of the local anesthetics, if not all of those in general use, are prone to cause death or symptoms of severe poisoning in a small percentage of those cases in which the dose used has been hitherto considered quite safe.

The infrequent occurrence of these accidents and their production by relatively small doses point to a peculiar hypersensitiveness on the part of those in whom the accidents occur. The data necessary for a study of these accidents are at present wholly insufficient, especially since the symptoms described in most of the cases are quite different from those commonly observed in animals even after the administration of toxic, but not fatal, doses.

Such accidents are seldom reported in detail in the medical literature, partly because physicians and dentists fear that they may be held to blame should they report them, partly, perhaps, because they have failed to appreciate the importance of the matter from the standpoint of the protection of the public.

It is evident that a broader view should prevail, and that physicians should be informed regarding the conditions under which such accidents occur in order that they may be avoided. It is also evident that the best protection against such unjust accusations, and the best means of preventing such accidents consist in the publication of careful, detailed records when they have occurred, with the attending circumstances. These should be reported in the medical or dental journals when possible; but when, for any reason, this seems undesirable, a confidential report may be filed with Dr. R. A. Hatcher, 414 East Twenty-Sixth Street, New York City, who has been appointed by the Committee to collect this information.

If desired, such reports will be considered strictly confidential so far as the name of the patient and that of the medical attendant are concerned and such information will be used solely as a means of studying the problem of toxicity of this class of agents, unless permission is given to use the name.

All available facts, both public and private, should be included in these reports, but the following data are especially to be desired in those cases in which more detailed reports cannot be made:

The age, sex, and general history of the patient should be given in as great detail as possible. The state of the nervous system appears to be of especial importance. The dosage employed should be stated as accurately as possible; also the concentration of the solution employed, the site of the injection (whether intramuscular, perineural or strictly subcutaneous), and whether applied to the mouth, nose, or other part of the body. The possibility of an injection having been made into a small vein during intramuscular injection or into the gums should be considered. In such cases the action begins almost at once, that is, within a few seconds.

The previous condition of the heart and respiration should be reported if possible; and, of course, the effects of the drug on the heart and respiration, as well as the duration of the symptoms, should be recorded. If antidotes are employed, their nature and dosage should be stated, together with the character and time of appearance of the effects induced by the antidotes. It is important to state whether antidotes

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In Memoriam

EDWARD HOMER MARTIN

Every community has its beloved physician. No man in any profession gets so close to the lives and hearts of the people as the physician. To him the burdened heart pours out its sorrows. To him come the weak, the ill, and the afflicted for courage, for hope, for strength to bear their misfortunes. Not

only does he minister drugs for physical healing; his task it is to strengthen the fainting heart, to buoy up the sinking soul, to administer spiritual vitality which shall support the physical frame in its time of need. No mere knowledge of diseases, of the efficacy of medicines will suffice. He must be the physician of souls as well as of bodies. The doctor who meets these needs becomes the stay and support of his patients, loved and revered as a father, a brother, a never failing friend.

Such a physician was Edward Homer Martin who so freely gave of his physical and spiritual strength that when his own hour of need was upon him his weakened body had lost its power of resistance to the attack of insidious disease. He who had fought so often and so successfully for the lives of others could not vanquish his enemy when the battle was for his own life. He saved others; himself he could not save.

Edward Homer Martin, M. D., was born in Foochow, China, on the ninth of February, 1861. He was the son of the Rev. Carlos Martin of Jericho, Vt., and of Mary Allen Martin of Milton, Vt., who were missionaries from Vermont in the service of the Methodist Episcopal Church. When the boy was four years of age, he lost his father; and his mother took her son and returned to the United States to give him an education. She took up her residence with her parents in Milton, where the young lad attended the public schools for six years. They then moved to the town of Georgia where he finished his preparation for secondary school.

In 1873 he attended the New Hampton Institute at Fairfax, Vt., for a year and then entered the Montpelier Seminary. He was graduated from this institution in 1878 entering Amherst College in the fall of the same year. He graduated from Amherst in the class of 1882 winning election to the Phi Beta Kappa Society by his excellence as a student. During these years his mother was constantly with him moving from place to place as his progress in education demanded. On October 18, 1882, he was married to Ida M. Hinckley of Georgia, Vt., who was ever after his loved and faithful helpmeet. In the same year he matriculated at the Medical School of the University of Vermont, from which he was graduated in 1884.

In 1885 the young doctor began the practice of his profession in Salisbury, Vt., where he lived for several years. He opened an office in Middlebury in

1892 moving his family to the latter village in 1893, where he has since resided.

He was a faithful citizen, giving freely of his time, his strength, and his wise judgment to promote the best interests of the community in which he lived. As trustee of the village, as street commissioner for several years, and as secretary of the prudential committee of School District No. 4 for over fifteen years, he exerted a powerful and beneficent influence on the well-being of his fellow citizens. While not neglecting the onerous and fatiguing duties of a large and exacting practice as a country physician he yet found time to carry on those public activities which have made his loss so heavily felt in the community.

Of high intellectual attainment and wide reading his interests were not bounded by the severe demands of his profession or of his public duties. He took a keen interest in national and world politics, which was greatly increased by the outbreak of the great world war. Intensely patriotic he held unswervingly to the belief that the final victory of the principles of democracy was sure.

He was especially interested in philology. More than twenty years after he graduated from college he reviewed his college studies in Greek and Latin taking the keenest delight in the study. He read fluently the French and German languages particularly publications in the department of medicine. He was much interested in local history, especially the derivation of local names.

He was a wise physician and a skillful surgeon inspiring his patients with a firm and abiding trust in his knowledge and power. He kept abreast of the times in the developments of his profession by constant reading and by frequent visits to New York City to attend the clinics and demonstrations of the greatest physicians and surgeons in the country. His skill was recognized by his brethren in the profession and he was elevated to many positions of trust. He was the local surgeon of the Rutland Railroad, Secretary and Treasurer of the Addison County Medical Society, and Treasurer of the Vermont State Medical Association at the time of his death.

Dr. Martin early in life joined the Masonic fraternity, being made a Master Mason in Union Lodge of Middlebury in May, 1894; a Royal Arch Mason in February, 1895; a Knight Templar in Mount Calvary Commandery in April, 1895; and a Royal and Select Master in March, 1896. He was Master of Union Lodge in 1899 and was re-elected in 1900; was High Priest of Potter Chapter for the years, 1897, 1898, and 1899; was Thrice Illustrious Master of Middlebury Council in 1905 and 1906; and Eminent Commander of Mt. Calvary commandery for three terms, 1902, 1903, 1904. He was known among his brethren and companions as a most impressive worker, ever ready to help a brother in his time of need. He was District Deputy Grand Master of the Third Masonic District for the years, 1901 and 1902. He passed by successive promotions through the several offices of the Grand Royal Arch Chapter of Vermont until in 1909 he was made Grand High Priest, in which position he served with distinction and success. It was by and through Brother Martin's wise counsel and advice that a way was devised for Union Lodge to become the owner of its quarters, the present convenient and commodious temple. His faithful services to his brethren will long be remembered.

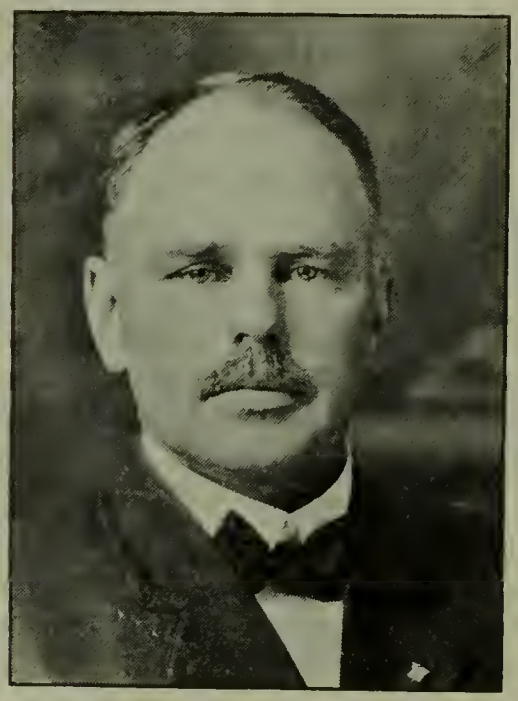
In July, 1916, he was suddenly stricken with the disease which caused his death. After a convalescence of several weeks he partially recovered, and continued even beyond his strength in ministering to the needs of his friends and patients who had long depended on him for comfort and health. The progress of his disease, however, ultimately made an operation necessary. In December, 1917, after putting his affairs in order, he went to the Mary Fletcher Hospital at Burlington to make his courageous but losing fight against his mortal enemy. The operation was successful and he seemed to have won the fight, when he was suddenly and fatally stricken with pneumonia, to which he succumbed on the morning of December 29th, 1917.

A strong personality, quiet and self-contained, Dr. Martin was thought by many to be cold and stern, because he was not talkative. Affable to all, he opened only to his familiar friends the true riches of his deeply sympathetic nature. To such he was known to possess a keen sense of humor, shrewd judgment, and an almost religious devotion to personal honor and fidelity. He never criticised his fellow-man. He was unwilling to deprecate or condemn a human being, but believed the best of everyone. Nor could he listen in silence to the carping of others, always protesting against hasty judgment of the motives of men. His tongue when it could not praise was chained. In him his patients' confidence securely reposed. Every secret revealed to him as a physician was scrupulously respected. He held in calm confidence a firm faith in the fatherhood of God, the brotherhood of man, and the immortality of the soul. He was a devoted husband, a loving father, and a faithful and sympathetic friend.

CLINTON J. RUMRILL

In the death of Dr. Clinton J. Rumrill, of Randolph, Vermont lost one of its most skillful physicians and one of its most active and popular citizens.

Several years ago Dr. Rumrill underwent an abdominal operation and although his recovery had seemed complete trouble again developed and he underwent three more operations and



after a plucky fight succumbed at 11:30 p. m., Sunday, January 6th.

Clinton J. Rumrill was born at Springfield, Vt., Jan. 7, 1871, one of eight children of Edwin Joseph and Susie Cynthia Newton (nee Simons) Rumrill. Of these children seven reached maturity and four—Arthur Rumrill, Mrs. Susie Haskell and Mrs. Eva Cornell, all of Boston, and Mrs. Flora Stearns of Charlestown, N. H., survive. One brother, Leslie H. Rumrill, died in Randolph Dec. 23, 1912. There also survive two half-brothers, Charles L. Speare of West Corinth and Edwin Newton of Roslindale, Mass.

The family soon removed to Windham, Vt., and later to Royalton. Clin-

ton passed several years of his boyhood in the family of a cousin, Arthur L. Judd of Strafford, going from there to enter St. Johnsbury academy in 1889, graduating from that institution in 1892. In the fall of that year, he began an academic course in Yale university which he finished in '96. In '94 he joined a scientific expedition of Yale students, in charge of the later famous Dr. Frederick A. Cook, in a voyage to Greenland. On the return trip their steamer, the Miranda, was shipwrecked and sunk, the party returning on a fishing schooner. In 1895-6 Mr. Rumrill passed fifteen months in Haiti as a surgeon's assistant. On his return he entered Dartmouth Medical college, graduating in February, 1900.

In the fall of that year Dr. Rumrill located in Randolph, being associated for several years in practice with Dr. L. A. Russlow. June 9, 1901 he was united in marriage to Miss Marion B. Emerson, daughter of E. F. Emerson of Randolph. To them one child, Arene E., was born May 7, 1902, who, with the wife, survives.

Dr. Rumrill passed through the usual hard struggle of the young practitioner, but gradually won his way to a large and in recent years rapidly growing practice. To a thorough knowledge of medicine Dr. Rumrill added the skill of a natural and well-trained surgeon. He gave careful attention to his patients, studying the psychological as well as the physical side. He had a friendly and sympathetic way about him that won the confidence of those to whom he ministered and doubtless aided in the relief he was so often able to bring to those in trouble.

Dr. Rumrill loved nature. To roam the woods and mountains, gun in hand, or to fish, was his chief recreation and delight. His travels had given opportunity for a man of his observant faculties to accumulate a rich store of experiences and he was learned in woodlore. He enjoyed companionship and the bright and lively side of life. Many households and circles will mourn Dr. Rumrill, as a giver of comfort and good cheer.

Dr. Rumrill when young joined the Congregational church at Royalton and retained membership in it. He was a valued member of the University club of Randolph, of the Washington County Medical society of which he had been a most efficient Secretary-Treasurer and of the Vermont State Medical Society, being counsellor for the fourth District at the time of his death.

He was on the regular staff of the Randolph sanatorium and lectured on anatomy and physiology to the nurses in training. He took a keen interest in the work and growth of this institution. Last summer Dr. Rumrill volunteered his services as Asst. Surgeon of the 1st Vermont National Guard Regiment. He passed the physical examination and was commissioned first lieutenant, only to be discharged because he had passed the age limit.

The funeral will be held this (Thursday) afternoon at 1 p. m. at Bethany church, Rev. Fraser Metzger officiating, interment at Pleasant View cemetery. —Herald and News, Randolph, Jan. 10.

President C. W. Bartlett has appointed Dr. Chas. F. Dalton a member of the publication committee to fill the unexpired term of Dr. E. H. Martin deceased. Dr. Dalton was a member of this committee when VERMONT MEDICINE was established.

The War

Honor Roll of Vermont Physicians in the Service of their Country.

Majors

Thos. J. Hagan, M.C., 1st Vermont Inf., Camp Greene, Charlotte, S. C.

Edward A. Tobin, M. O. R. C., Plattsburg Barracks.

Wm. Warren Townsend, M. O. R. C., Chief Surgical Section, Base Hospital, Camp Dix.

Captains

Nathan Renwick Caldwell, Groton.

Geo. E. Chamberlain, So. Newbury, Vt., physically disabled.

Frederick Elsworth Clark.

Alan D. Finlayson, Camp Joseph E. Johnston.

Harry Leslie Frost, Boston, Instruction in Orthopedic Surgery.

Henry Chester Jackson, Fort Riley.

Horatio Nelson Jackson, Senior Instructor, Medical Officers' Class, Camp Mead.

Charles Emerson Libbey, Camp Taylor.

Geo. Guerin Marshall, Balboa Heights, Panama.

Wm. Hayes Mitchell, Ft. Ethan Allen.

George Roberts, Base Hospital, Fort Oglethorpe.

William Stickney, Chief of Surgical Section, Base Hospital, Camp Upton.

Herbert Wellington Taylor, in France.

Emmus G. Twitchell, Fort Oglethorpe.

Lieutenants

Geo. Albert Alden, no report.

Fred Noble Aldrich, in France.

Frank C. Angell, Fort Oglethorpe.

Geo. Lucien Bates, Camp Grant.

Robert Oscar Blood, no report.

Windsor DeForest Bowen, Camp Greenleaf.

Percy Erastus Buck, Ft. Oglethorpe.

Arthur Washington Burnham, no report.

John Marie Caisse, Swanton, inactive list.

Mitchell D. Carey, Fort Oglethorpe.

Charles Porter Chandler, Fort Oglethorpe.

Joseph A. Ciminera, Fort Oglethorpe.

Bernie Dennis Colby, Sudbury, inactive list.

Sherwin Aldrich Cootey, Wallingford, inactive list.

Albion Arthur Cross, Williamstown, inactive list.

Julius E. Dewey, Fort Oglethorpe.

Francis J. Ennis, Fort Oglethorpe.

Frank Henry Everett, Castleton, inactive list.

Willis B. Fitch, St. Johnsbury, inactive list.

William Arthur Flood, North Bennington, inactive list.

Victor Patrick Genge, in France.

Bert D. George, Fort Oglethorpe.

Frank Leslie Gilbert, in France.

Stewart Louis Goodrich, Fort Porter.

Albert Joseph Greenwood, no report.

Herbert Bill Hanson, Chicago.

Waldo Russell Harkness, Fort Oglethorpe.

Byron Harry Herman, St. Albans.

Frederick W. Harriman, Fort Oglethorpe.

Anselme Ephrem Houle, Fort Oglethorpe.

William Orrin Hutchinson, Washington, inactive list.

Arthur Clark Kinney, East Hardwick, inactive list.

Arthur Leo Larner, San Antonio, Texas.

Geo. Eugene Latour, Camp Custer, Battle Creek, Mich.

Casper Sylvester Leach, no report.

Robert Leland Maynard, Base Hospital No. 116, New York City.

Seth H. Martin, Ft. Ontario.

Louis F. McCarthy, Fort Oglethorpe.

Donald Guy McIvor, Swanton, inactive list.

Walter Franklin McKenzie, Camp Vail, Little Silver, N. J.

Harold Stearns Peck, General Hospital, London, Eng.

JOHN C. MURPHY, died in service, Ft. Ethan Allen.

Thomas Rice, no report.

Douglas James Roberts, Instructor in Roengenology, Cornell Medical College.

Leonard Blake Rowe, Fort Oglethorpe.

George Clark Rublee, Fort Oglethorpe.

Geo. Albert Russell, 19th Cavalry, Ft. Ethan Allen.

Dennis J. Sheehan, Fort Oglethorpe.

Chester Lewis Smart, Fort Oglethorpe.

Ray Ernest Smith, in France.

Henry E. Somers, Fort Oglethorpe.

Henry Eugene St. Antoine, Jamaica Plain, Mass.

John David Thomas, Army Medical School, Washington.

Ray Brown Thomas, M. O. T. Camp, Ft. Benj. Harrison.

Henry Latimer Tillotson, Groton, Vt., inactive list.

Joseph Arthur Wark, Barre, Inactive list.

William Godfrey Watt, Vergennes, inactive list.

Henry Reuben Weston, Base Hospital, Camp Lee.

John B. Wheeler, Burlington, Advisor to Governor of Vermont.

William Henry White, North Troy, inactive list.

Rollin D. Worden, Camp Sherman.

Navy.

Bertrand Fletcher Andrews, no report.

Lieut. Edward A. Crofutt.

Lieut. Frederick Henry Gebhardt, Naval Training Station, Newport, R. I.

Ransom H. Holcomb.

John Dowd Lane.

Leland McKinlay.

Charles Edward Morse.

Recommended for Commissions

Edward V. Farrell, Danby.

Ermin Morton Gardinier, Bennington.

John P. Kerrigan, Ludlow.

John Patrick Tierney, St. Johnsbury.

Capitals indicate, died in service.

Italics, serving "overseas."

Information is requested that this roll may be kept as nearly correct as possible.

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(Continued from Page 41)

gent in this state. They were: teeth, 16.8; feet, 15.4; height, weight and poor development, 14.6; abnormalities of circulation, 12+; defects of vision, 11.2; hernia, 10+; chest conditions, tuberculosis, etc., 3.4; nerve condition, 4; rectal, 1.9; genito-urinary, 1+.

Dr. Tinkham spoke of the need of legislation to prevent propagation of children by the unfit; and education to improve the physical well-being of the race.

Discussion was opened by Dr. Lyman Allen, who called attention to the small percentage of rejections from Chittenden County due to defective teeth. He said that the requirement as to teeth, by the War Department, at first was that there should be eight molars, two lower and two upper, opposite, on both sides, and that the order had been changed several times until finally its meaning is, almost any person who can eat hardtack. A full plate is disqualifying. If the doctors give free medical clinics and free dispensary services, the dentists should furnish free dental clinics. He said, in his opinion, the percentage of rejections on account of genito-urinary diseases, as given, is too low.

Dr. John B. Wheeler:—The figures given by Dr. Tinkham are enlightening, particularly as to teeth. Formerly about 10% of the recruits in the British Army had hernia. Now the percentage should be smaller. Perhaps diagnosis is better than formerly and so statistics suffer to that extent. Very likely some could be prevented, or cured in childhood, if the condition is recognized.

Dr. G. B. Hulburd.—There is a great deal that we can do toward educating the people in the care of the teeth. Many times I have occasion to warn mothers that the molar they would like extracted is a permanent one.

Dr. E. S. Towne asked how country districts compare to centers of population, as regards defective teeth.

Dr. Gilbert Rist expressed the opinion that city statistics might be more favorable, due to the fact that there it is easier to consult dentists.

Dr. Tinkham replied that the country districts reported a higher percentage of defective teeth.

Dr. J. M. Jenne.—The statistics are hardly sufficient from which to draw definite conclusions. I am surprised that so few were rejected because of poor development.

The meeting adjourned at 9:45.

Refreshments were served.

B. D. ADAMS, Secretary.

(Continued from Page 43)

were administered orally, or by subcutaneous, intramuscular or intravenous injection, and the concentration in which such antidotes were used.

While such detailed information, together with any other available data, are desirable, it is not to be understood that the inability to supply such details should prevent the publication of reports of poisoning, however meager the data, so long as accuracy is observed.

The committee urges on all anesthetists, surgeons, physicians and dentists the making of such reports as a public duty; it asks that they read this appeal with especial attention of the character of observations desired.

TORALD SOLLMANN, Chairman.
R. A. HATCHER, Special Referee
Therapeutic Research Committee of the Council on Pharmacy and Chemistry of the American Medical Association.

Progress in Medical Science

TUBERCULOSIS NOTES

Gongerot, Ehrman and Reines succeeded in producing tuberculous lesions in guinea pigs by inoculating them with tissue removed from lesions of lupus erythematosus. Bloch and Fuchs obtained an extract from similar tissue, lupus erythematosus, and with it secured apparently typical tuberculin reactions in cases that had reacted to tuberculin. The reactions followed both the cutaneous and intracutaneous use of the extract and in the latter case, the papules resulting from the inoculation showed the usual histological structure of tubercle. They also obtained positive reactions in some cases by placing pieces of the lupus erythematosus tissue in the peritoneal cavities of guinea pigs. They believe that lupus erythematosus is due to an infection with tubercle bacilli of low virulence or of different variety upon a soil which reacts in a peculiar manner.

Lupus Erythematosus and Tuberculosis; a Survey of the Literature. L. B. Mount, Med. Rec., Dec. 2, 1916.

Calcium in the Blood in Tuberculosis

J. O. Halvorson, H. K. Mohler, and Olaf Bergeim. *Jour. A. M. A.*, May 5, 1917

From a series of blood analyses the authors conclude "that in incipient cases in which the patients, who were on a high milk diet, showed marked improvement, the values for calcium in the serum were normal and fairly constant. In no case was the calcium value increased above normal figures by this high calcium diet. In advanced cases the variations obtained were greater (some rather high and some rather low values being obtained), and improving patients showed on the average slightly higher values than the unimproved. No marked deviations from normal, however, were observed in the calcium content of patients in the various stages of pulmonary tuberculosis.

The failure of the body to deposit lime around tuberculous areas is to be ascribed, not to a deficiency in blood calcium, but rather to an inability of the cells of the tuberculous area properly to utilize available calcium.

The following clipping from the *Jr. A. M. A.*, May 12, 1917, should be of interest:

Detection of Tubercle Bacilli in the Feces

The Reh method was described in the *Zeitschrift für Tuberkulose*, 1913, 21, 209, and lauded as extremely simple and reliable, its superiority over other methods in vogue being shown by the tabulated findings with comparative tests with the Kozloff, antiformin and a diluted ether method. The lump of stool in an Esbach glass is stirred with a glass rod into enough freshly distilled boiled water to make a soft paste, solid enough not to flow when the glass is tilted. Then ether is added and the whole is briefly shaken, the glass stoppered with rubber. Then the ether is poured off into a centrifuge glass. A single centrifugation answers, and even this can be dispensed with, as the sediment settles soon on setting the glass aside. The ether is then decanted and the sediment is shaken up with a little remnant of the ether and poured out on the object glass. It adheres to the glass and the Ziehl stain is then applied. The sediment may be found to consist predominantly of bacteria. Positive findings were obtained in the feces when they were not to be found in the sputum in some cases, and in others when there was no expectoration. Engleson's method consists merely in scraping the rectal mucosa with an ordinary sound which has been hollowed out at one end to make a spoonlike cavity. The sound is introduced for a few centimeters into the rectum and drawn around to scrape the surface. The grayish slimy mass thus collected in the spoon cavity is smeared directly on the object glass.

Bull reports on eleven cases of extra pleural thoracoplasty in which he removed the posterior portions of the ribs from the 10th or 11th up to and including the second. The operation, he says, is suitable for cases of unilateral pulmonary tuberculosis that fail in spite of other treatment including induced pneumothorax. Slight inactive disease on the other side is not a contraindication. The operations were done under local anesthesia. Four of the eleven cases were clinically cured; one had been benefited up to the time of the report but that was only a few months. One improved but later died of intestinal tuberculosis; two died from progression of the disease and three died from post-operative causes. P. Bull. Extra-pleural Operations in the Treatment of Pulmonary Tuberculosis. *Norsk Magazin for Laegevidenskaben*, Christiana, Mch., 1917.

Edward Archibald, of Montreal, reported similar results a few years ago (1914). He also worked under local anesthesia and frequently made two stages to the operation as the shock was less. His results were good.

The following abstract appeared in the May number of the *American Review of Tuberculosis*:

Earning Capacity with Induced Pneumothorax.

Koefoed gives the details of thirty-three cases in which an artificial pneumothorax was induced in treatment of unilateral pulmonary tuberculosis. All have been dismissed from treatment for six months at least and the majority for from one to five years. All belonged to the working classes and all are dependent on their own labor for their support, and their employment is under somewhat unhygienic conditions in most of the cases. Their earning capacity is little if at all impaired, but the injected gas is absorbed much more rapidly when the patient is working than when quiet in the sanatorium, and the lung expands again sooner. Artificial pneumothorax has been attempted in 200 cases at the sanatorium (Silkeborg, Denmark), but it could be completed in only 110 cases. In this group 31.3 percent have full earning capacity. In 37.4 percent the progress of the disease was not arrested and the patients have died since. In the ninety cases in which it proved impossible to induce the pneumothorax, 57.9 percent have died since, and only 14.4 percent are still self-supporting. —*The Working Capacity with Therapeutic Pneumothorax.* (*Arbejdsdygtighed hos Pneumothoraxbehandlede.*) *A. Koefood Ugeskrift for Laeger,* November 2, 1916.

H. S. G.

An army officer's wife wrote an army medical saying her child was suffering during teething. She addressed her letter "Dr. Brown." The recipient returned it with the remark that he should be addressed "Brigade Surgeon Lieutenant-Colonel Brown."

Whereupon the lady wrote back:

"Dear Brigade Surgeon Lieutenant-Colonel Brown:—I am sorry about mistake. Yours, MAY JONES.

"P. S.—Please bring your sword to lance baby's gums."—N. Y. Globe.

Book Review

IMPOTENCE AND STERILITY

with Aberrations of the Sexual Function and Sex-Gland Implantation, by G. Frank Lydston, M.D., D.C.L. Price $4.00. Sold by subscription only. Sent postage prepaid on receipt of subscription price. The Riverton Press, 25 E. Washington St., Chicago.

The name of the author is sufficient guarantee of the merit of this monograph.

The first ten chapters of the volume are devoted to the various phases of the diseases and aberrations of the sexual function and the ground is covered rather thoroughly.

As the title indicates, impotence and sterility in both the male and female are discussed at length and much space is devoted to treatment, hygienic, medical and surgical.

The eleventh chapter, somewhat more than one-third of the book, is devoted to Sex Gland Implantation.

He begins with attacking the problem of hystero-epilepsy and other neuroses of the female from a constructive rather than a destructive slant.

From this procedure in both sexes the author looks for remarkable results.

We quote:

"At least temporarily, possibly permanently —and indubitably therapeutically—successful total or partial implantation of human sex glands in both male and female is practical .* *

"Glands taken from the living subject are most desirable, though rarely obtainable. They are, however, not more viable than those taken from somatically dead subjects. * * *

"The ovary and testis are probably alike in their susceptibility to implantation. * * *

"The benefits of implantation probably accrue irrespective of the site of implantation. * * *

"In brief, any chronic disease in which improvement of nutrition is a desideratum should be benefited by sex gland implantation. * * *

"Used at a very early period in the disease, internal sex secretion theoretically should be the logical remedy for dementia praecox and allied conditions. * * *

"Intractable neurasthenia probably is relievable by it in a large proportion of cases. * *

"Such diseases as chronic nephritis and diabetes would seem to be indications for implantation."

News Notes

Dr. George Rustedt has been oppointed Health Officer of the City of Rutland.

Dr. Edward Dyer Ellis of Poultney, one of Vermont's best known physicians, died at his home January 26th, 1918. Dr. Ellis has always taken a very active part in the medical societies of his county and state.

Lieut. Frederick H. Gebhardt of Rutland was presented with a beautiful regulation sword just before he left for his station at Newport, R. I.

Capt. Chester C. Waller, formerly of Lyndonville, Vt., more recently of Warren, Ohio, but now stationed at Camp Devens as Surgeon of the 301st Infantry, recently made a tour of inspection and instruction through Vermont, visiting the various local boards.

Dr. Henry S. Chaffee of Rochester died Jan. 1st after a protracted illness.

Council of National Defense

VOLUNTEER MEDICAL SERVICE CORPS.

1. The report of a committee on the Volunteer Medical Service Corps was endorsed by the General Medical Board of the Council of National Defense and referred to the Executive Committee of the Board for action.

After mature consideration the report of the committee was approved and referred to the Council of National Defense with the recommendation that this Corps be created. At a meeting of the Council of National Defense and the Advisory Commission, the Medical Section of the Council was authorized and directed to organize the Volunteer Medical Service Corps.

2. The object of the Corps shall be to establish a medical organization, composed of physicians not eligible for the Medical Reserve Corps, to meet such civic and military needs as are not already provided for. The rules for the formation of this Corps and the application forms are now in the printer's hands and will be distributed as soon as received. They will fully explain the object and aim of this organization whereby the medical profession will be in a position to render voluntary services whenever and wherever practicable. A designated mark has been authorized so that the members of this Corps can be recognized as having offered their services to our country in these times of need.

BEWARE OF SWINDLERS

No doubt you may have seen the several notices, under "General News" in the *Journal A. M. A.* in several recent issues, entitled "Once more a warning." These refer to swindlers operating in different sections of the country,—various letters having been received from victims in Ohio, Colorado and other widely separated states. Now comes a letter from the well-known publishing house of W. B. Saunders Co. of Philadelphia, saying a man under the name of E. T. Rogers, claiming to represent the University Progressive Club of Cincinnati, for medical and other journals, has been victimizing physicians in Illinois; and the same subscription swindler, or another, under the name of Robert Wayne, has been relieving physicians of their well-earned cash in the region of Gary, Ind. It is believed there is concerted action, perhaps by an organized band, being taken at this time of the year, to victimize physicians on so-called "subscription" schemes. Every physician should decline to pay any money by check, or otherwise, to subscription agents not personally known to him, or for whom other physicians cannot vouch. Many of these so-called agents operate under the guise of students "working their way through college."

With Our Advertisers

The so-called fractional method of gastric analysis advocated by Rehfuss has been found to have such advantages that it has been introduced in the Battle Creek Sanitarium, where test meals to the number of thousands are given each year. To the patients, the new plan is vastly preferable. Indeed, the swallowing of what was often called "the garden hose" was attended in most cases by actual suffering and in many by severe pain. Under the fractional method, a very small tube is used. An oval tip, made of metal and perforated makes the swallowing easy. Of course, it is inconvenient to have to sit for an hour and a half or two hours without removing the tube, but there is no real distress. The usual test meal of two slices of toast and a glass of water is given, at intervals of half an hour, a small specimen of the gastric juice, 10 or 16 c. c. is taken, until the acidity curve begins definitely to come down.

Under the old method, the practice was to take out all the gastric juice at the end of an hour. At Battle Creek, the period had been lengthened to an hour and a quarter because this was found to be the usual time of greatest acidity. A comparison of the two methods shows that the original plan was misleading in many instances. Under that procedure, cases would be set down as normal if the acidity was shown to be at the usual percentage one hour after the meal. However, as the fractional method proves, many patients who have the right acidity at that minute may have far too little or too much, before and after the hour has passed. By studying the complete cycle of digestion, an accurate diagnosis may be made.

He (at the phone)—Hello, is that you, Maisie? Yes, this is Jack. Have I heard the News? No; what? Mrs. Murphy? Well, well! Five o'clock this morning? Oh, tell her I'm glad to hear she's doing well. What's that? Two of 'em? Well (hanging up receiver). What do you think of that? Mrs. Murphy smashed two of her fingers in the door this morning and fainted dead away.—Neff and Starr, in S. F. Examiner.

INCREASED POPULARITY OF ELECTRICITY AND RADIUM

Dear Doctor:

Both of these remedial agents have passed through the "novelty" stage and are now being used and endorsed by medical men of unquestionable standing. Electricity and Radium already have an important place in modern medical practice. But much is yet to be learned about their value in therapy.

Physicians Should Qualify. If these two modalities can do even a part of what is claimed for them, then physicians should qualify themselves by reading, investigation and installation of equipment to use them in their practice, when indicated. The physician's obligations to his clients, no less than his duty to himself, require this.

Commercial Uses of Electricity. In addition to the many and varied uses for which physicians have found electricity of value in medical science, they are now employing it extensively for commercial purposes, such as electric vehicles, lighting and telephone systems for offices, homes, sanitariums, hospitals and public institutions.

As a Remedial Agent. Radium is coming into use more and more by physicians particularly in sanitariums and hospitals. In many internal as well as external, conditions, Radium is recognized as an important therapeutic agent.

Discussion Invited. The editorial staff of this Journal—your Journal—is in full sympathy with this movement, and invites frequent contributions in the way of case reports, discussions, and other clinical notes for publication. It is also hoped that arrangements can be made for having at least one paper on each of these subjects for our next, as well as subsequent, annual state meetings.

Clinical Data Available. The more progressive manufacturers, some of whom are listed below, have rendered valuable service to the profession by collecting clinical data and publishing it in the form of reprints for free distribution to interested physicians. The reprints are, of course, in addition to their regular catalog literature, and may be obtained for the asking.

Radium Chemical Company
Victor Electric Corporation

FOR SALE:—One Static and X-Ray machine with Electric Motor. Two Microscopes. Surgical Instruments. One Operating Chair. One Operating Table and other office furniture. Address, MRS. E. H. MARTIN, Middlebury, Vt.

Vermont Medicine

The Official Organ of the Vermont State Medical Society

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Rutland, Vermont, March, 1918

Original Papers

THE MEDICAL RESERVE CORPS

Major Henry D. Jump, M. R. C.,
Washington, D. C.

Address delivered before the Vermont State Medical Society October 12, 1917.

It is a great honor to me, sir, to have the privilege of speaking to your society and I am particularly pleased that I have had the opportunity of speaking at the same time as Colonel Forbes, a man who has been in this terrible war and who has had the privilege of experiences which few of us American physicians have had.

I want to say to you, first, that I come from the Surgeon General's office, representing principally the Council of National Defense. The Council of National Defense, as you know, perhaps, was originated about a year ago by an act of Congress. It consists of seven members of the Cabinet and an advisory council composed of gentlemen selected because of their pre-eminence in their particular line of work. Our representative, Dr. Franklin Martin, sits on that Board, and that is the nearest that we have gotten to having a medical man in the Cabinet. For a long time it was seesawed as to whether medicine should be placed, as has been done in the past, in the secondary position of a special committee, or whether they ought to have him sit at the council table. Fortunately, we won out. He has formed the General Medical Board, a new General Medical Board from various committees having to do with the work of the medical profession in this war. One of the most important of those committees is that on State Activities and Examinations, headed by Dr. Edward Martin, of Philadelphia, and it is that one which comes directly in contact with the state committees and the county committees through the state committees, and I want you to bear in mind today that the state committees and the county committees are not necessarily a part of the state society, nor of the county society, but in many particulars their functions coincide.

My particular object in talking to you is to bring to your attention the necessity for medical officers for this large army of ours. Please bear in mind that up to the time of the beginning of the war there were between four and five hundred medical men in the service of our country. It became necessary to enlarge this very greatly, and the already existing Medical Reserve Corps was extended, and it is a tribute to our profession, which has always been one of service, that twelve thousand physicians today are in the Reserve Corps

awaiting the call of the President, men who six months ago were engaged in making their living in civil practice, and these men are today waiting to be called, having given up all of their work or given up themselves to the call that will take them away from all which they have lived upon in the past.

In order to get these twelve thousand men in commission, sixteen thousand have been recommended for commission; and there are still in the air, floating about, unable to light on one side or the other, some four thousand physicians who have been recommended for a commission after they have applied for it and who haven't yet been able to come to a decision. Without wishing to scold, and I don't want you to feel that I am, I want to say to those who are in the audience with commissions not yet accepted: do it, accept it or reject it that the Surgeon General may know where he stands; as somebody has said, "Shoot or give up the gun."

In order to have sixteen thousand men recommended for commissions there have been examined over 21,000 and I challenge any group of men or any profession for any such record as this. We have furnished over twenty thousand men who offered their services to the Government. We are asking for twenty thousand and that means that there have got to be eight thousand more men from your locality and other localities like Vermont. I have little doubt, personally, that the physicians of this country will come to the front and will furnish the eight thousand men who are needed in order to complete this corps, but we do not want you to feel that the momentum of this movement is of sufficient strength for you to sit down and feel that it is going on without your help. It is a personal matter to each of you and if every man in this state under fifty-five years, which is the high limit in the Reserve Corps, were in the Corps, many of the problems of the Surgeon General would be solved. There are today in France no physicians outside the military service. The older ones, the disabled ones, are left at home to take care of this or that community. They are all under military orders. They must go where they are told to go because the distress and the need has been so great that all have been called away. We have no desire to deplete any neighborhood or any locality of its medical advisors, but we ask you to look this thing squarely in the face and say to yourself honestly, "Can I be spared from my neighborhood?" If you can be and you are able to serve, offer your services, for your country needs them.

You must remember that the medical man is as important an element as the munitions of war. He must examine the recruits; he must maintain the army; he must repair the army if it has been sick or wounded. Many men have held back from offering their services because they feel that the time is not yet come. "I will go when I am needed." I so often hear that that it has become stale upon my ears. You are needed now, not for service tomorrow, but to be in the Reserve Corps to be used as any reserve is used, to be called upon in case of necessity, and if you say that you cannot accept service until the first of January or the first of February or what it may be, in the great majority of cases your wishes are going to be granted.

The sacrifice in so many instances seems too much. The highest pay of a Reserve Officer is $3000.00 a year. It

is not a matter of pay, gentlemen. That is not why we are going into this. It is because we are needed and if I could enumerate to you the men of importance who have given up all of their time and are sitting today in Washington helping the Surgeon General direct affairs, you would perhaps be astounded. John Beers, of Kansas City, A. J. Ochsner, of Chicago, and William Mayo, of Rochester. All the way along the line men earning thousands and thousands of dollars are giving up their work to be of service to their country. Other men I know that have gone into the Reserve Corps for the purpose of bettering their incomes. It is not a matter of incomes. It is a matter of patriotism. It is a matter of duty to this glorious country of ours. Many men have hesitated because they felt that they would be asked to do work which they knew little about. I want to assure you that these prominent gentlemen who are working in Washington are working in subdivisions for the purpose of picking the men of specialties and putting them to doing special work. The most noteworthy of these, I think, is the division on orthopedic surgery. I was told by Major Goldthwaite that 30% of the injuries were orthopedic. Col. Forbes tells me that he thinks it will run to twice that number so that the orthopedic surgeons are greatly in demand. There is an opportunity for every young man who has not yet selected his specialty to go into orthopedic surgery and do big work with this army, and coming home to fill that place in orthopedic surgery which he will be well qualified to fill. So it is that the Mayos are sitting in Washington today, picking, classifying, selecting the general surgeons, that they may be sent into a mobilization camp to do their own particular kind of work.

The X-ray chief said to me just the other day: "I am needing six hundred men and I have but three hundred that I can lay my hands upon." Special schools are being instituted for the training of X-ray men because we are going to need many, many of them, and so it is with every single branch of medicine, and this army is going to go out with very much better medical training and medical care than any army has ever gone out with before, and I want to say to you mothers and fathers whose boys are in the army that they are going to be taken care of, I believe, better than any recruits have ever been cared for in the past. To enumerate, the first thing is the prohibition of alcoholic liquors to recruits. That has appealed to so many of us, and as we have come in contact with the cantonments and the men leaving their cantonments for the much needed rest we have been impressed with the fact that the morale is very much higher than it has ever been before.

Take the matter of disease prevention. Every man receives his antitoxin and the old camp fever is practically a thing of the past. In our mobilization upon the Texas Border last summer and fall I believe there were something like 42 cases of typhoid fever and no deaths. In one single little camp in the Spanish American war there were hundreds of cases of typhoid fever. Now as to the medical care. We are asking you men to come in that these boys may have that good medical care which we are trying to prepare for them; systematic medical examinations, the chest examinations, all of these special things to see that this is a perfect army, an army composed of

perfect young men, and in order to do this work to best advantage it is going to be the young doctor who must do the work, not the man of fifty and fifty-five to bear the brunt of it, but the young man of twenty-five and thirty who has his chance to do his part in this great service at this sad time.

Just a word about some of the medical work. One of the newest things, which has not yet been adopted but probably will be, is that new work which has been done in the Rockefeller Institute. They have formulated a serum and it has done wonderful work in preventing this dread disorder.

We ask you to consider all of these things and we ask you to come and take your part in them. We have lived so long under the beneficent influence of our Democracy that we are not appreciating, we are not aware of what the other side of the thing may have been. We have sworn in going into this war to help to save Democracy. Let us not delay or we may have to save ourselves. If you realize how nearly, how closely and delicately balanced has been this conflict at many times, and that had our Allies been defeated it would perhaps not have been long before we should have fought this war on our own shores, and when you realize all of the destruction and the devastation which has occurred on the other side and picture to yourselves what might have come to us, and think seriously and earnestly of what might have happened with that ruthless, cruel foe, long since divested of its thin veneer of civilization and culture until they are down to bare barbarians and Huns, coming here, destroying us, violating our women, murdering our children, it must make your blood run cold; and it must make you grow cold after that to think of what we have escaped, and let us not be too sure that this thing is entirely ended. There are many scores yet to be cancelled. Our part is alongside of our Allies to overcome this foe which has fought so efficiently for the last three years and more. They have taken the men folks and used them as slaves; they have driven the women to worse than their graves; they have taken the babies and cut off their hands; they have invaded happy and peaceful lands. We have not quite appreciated the necessity of protecting our women and children. We have not yet appreciated the privilege of fighting for our country. We have not yet appreciated the honor of fighting for Democracy. We ask you to consider all of these things. Recall that this conflict is perhaps the greatest epoch in the world's history since the birth of Christ, and that you can sit home snug and complacent and let others play this part in this great epoch is more than I can understand. You should be willing and anxious to go in and to play a part in this greatest epoch of our times, and if you feel that your excuses today are sufficient, go home and take an account of stock and discuss for yourself with your own conscience whether those excuses are valid, whether they are going to be sufficient to give to your own boys when they have grown up and when they say to you, "Father, what did you do in the great war?" and you have no excuse to give them.

EARLY DIAGNOSIS OF POLIOMYELITIS

WINFRED H. LANE, M.D.,
Brattleboro.

It requires no great skill on the part of any physician to make a diagnosis of poliomyelitis after the paralysis has developed. It is not presuming too much to say that in many a case it has been the mother or nurse that has telephoned the doctor that "the baby does not seem to use its right arm very well this morning." The physician, having attended the child for two or three days and rested perfectly content with a snap-shot diagnosis of "summer complaint," rushes to the bedside and, sure enough, beholds the paralysis. The diagnosis is rapidly changed to infantile paralysis, the doctor offers a few hasty explanations to the family as to how almost impossible it is to make an early diagnosis of the disease, which of course the family accept as true, and hastens away to telephone the local health officer and the State Board of Health. The house is strictly quarantined and the community very much alarmed. An officer from the State Board arrives, sees the patient or sometimes views the remains, agrees with the diagnosis and suggests certain lines of treatment.

This little pen picture is too many times true. Physicians should be impressed with the fact that in nearly all cases it is quite possible to make a diagnosis before paralysis develops, and that it is at this very time that the disease offers its golden opportunity for fairly successful treatment.

A certain group of symptoms is characteristic of the early stages of infantile paralysis. They will be found quite constant, in part or in whole, in most of the cases. There is fever, headache, nausea, vomiting, constipation or diarrhoea. To be sure, these are common to many diseases. But note carefully the following: hyperesthesia, slight rigidity of the neck and sometimes the back, with pain on forward traction, and occasionally a slightly positive Kernig's sign; weakness of the limbs, especially of the lower extremities, with early diminution or loss of the patellar reflexes; muscular tremors, either coarse or fine, especially noticeable in the fingers and hands. Upon these symptoms, especially during an epidemic, can be safely rested a diagnosis of poliomyelitis.

If, however, doubt still remains we have at our command a lumbar puncture. It is now conceded to be without danger and in many cases a wise therapeutic measure. The laboratory findings can be known only after a delay of from twelve to twenty-four hours and time is most precious. So it is to the macroscopic appearance of the fluid that I wish to refer more especially, quoting from Dr. Abraham Zingher of the Willard Parker Hospital, New York City: "The diagnosis in a large percentage of cases can be established in the early cases during the acute stage of the disease, even before the laboratory examination of the spinal fluid, by noting a slight but characteristic opalescence to the fluid which gives a ground-glass appearance throughout the fluid when it is examined in a clean test-tube by transmitted light. This appearance is caused by the increased number of white blood cells. In addition to the ground-glass appearance of the fluid * * * there is a second macroscopic test, of value both

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Vermont Medicine

The Official Organ of the Vermont State Medical Society

Conducted by the Publication Committee

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Editorials

Much uneasiness has been occasioned in the minds of many excellent men by the apprehension with which they have regarded the autocratic acts of our Government. The selective draft, vessels commandeered, railroads placed entirely under government control, the immense sums raised by the two loans and the profuse disbursement of these sums for munitions and the aviation service, the appointment of food and fuel commissioners with arbitrary power—these things have wonderfully disturbed a good many of us, as autocratic acts.

So they are, but we are at war. The whole nation is at war. War is the order of the day. We have not yet come to realize the fact that since this is true we all are become more or less soldiers, at least in the sense that our services may soon be required, civilians and soldiers alike, to achieve a victory that will never be ours unless we are all alike ready to make the ultimate and supreme sacrifice. A soldier does what he is commanded to do, a civilian sits down and thinks it over before he decides. Whichever way is to be considered as academically best, there is no question as to which at present promises the best results. Every physician in the United States should offer himself to the Government at this time. All will not be taken, all will not be needed, but every one owes it to himself as well as to his country to make the offer of service.

For what avail or plough or sail,
Or land or life, if freedom fail.

Dr. Wm. J. Robinson of New York has for some years been quite a picturesque figure in medical literature. As Editor of the *Critic and Guide* he probably became better known to the profession than any other medical editor of the second magnitude. We learn from the *New York Times* that he was

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Secretary's Page

A committee has canvassed the medical faculty of the University of Vermont and has secured a list of men together with their subjects, for carrying out the work of the Post-Graduate Meetings. Each of these men stands ready to attend any county meeting whenever possible and speak or read a paper or give a demonstration, as the case may be, all necessary expenses incurred being paid without expense to the county treasurer. It is hoped that the counties will avail themselves of these speakers, and if possible, hold meetings once a month, or at least as often as possible. The fact that the society is not sure of a large audience should be no reason for hesitancy in calling for a speaker. One of the most interesting meetings held last year was attended by only seven men, yet the speaker felt amply repaid for the interest taken in his subject. Elsewhere in this issue may be found the list of these speakers with their subjects.

In view of the fact that so many members of the State Society have enlisted and are now in service, it becomes a matter of importance as to their standing in the State Society. According to the constitution (see article 5), membership consists in the dues being paid to the state treasurer, and your secretary sees no opportunity for discretion to be exercised in this respect until, at least, at the annual meeting, if even anything can be done at that time. Consequently each county organization is asked to consider the status of their members who have enlisted, and if they so decide, to provide some means for paying their dues that the members be retained.

Once more your secretary urges the necessity of forwarding the annual dues. THE ROSTER WILL BE PUBLISHED IN APRIL AND WILL CONTAIN ONLY THE NAMES OF THOSE WHOSE DUES HAVE BEEN PAID TO THE STATE TREASURER ON OR BEFORE APRIL FIRST.

A LIST OF LECTURES BY MEMBERS OF THE FACULTY OF THE COLLEGE OF MEDICINE, UNIVERSITY OF VERMONT.

Lyman Allen, A.B., M.D., Assistant Professor of Surgery and Instructor in Clinical Surgery.

1. The Inflamed Gall Bladder, Its Symptoms and Treatment.
2. How Can We Lower the Mortality from Cancer.

Clarence Henry Beecher, M.D., Professor of Medicine.

1. General Medical Clinic (patients to be furnished by the local physicians).
2. Allen Treatment of Diabetes.
3. Serum Treatment of Pneumonia.

Edmund Towle Brown, M.D., Professor of Diseases of the Eye, Ear, Nose and Throat.

1. The Nose and Throat and their Relation to the General Health.
2. The Importance of the Early Recognition and Treatment of Certain Diseases of the Eye.

Charles Eldred Burke, Ph.D., Assistant Professor of Physiological Chemistry.

1. Urine Analysis (Chemical), (Demonstration).

2. Foods and Food Values.

Ernest Hiram Buttles, A.M., M.D., Assistant Professor of and Laboratory Instructor in Bacteriology and Clinical Pathology.

1. Urine Analysis (Microscopical), (Demonstration).
2. The Wassermann Reaction in Relation to Diagnosis and Treatment of Syphilis.

Suggestion.—Professors Burke and Buttles at the same meeting on Urine Analysis.

Charles Solomon Caverly, A.B., M.D., Rutland, Vermont, Professor of Hygiene and Preventive Medicine.

1. Preventive Medicine.
2. Contagious Diseases.
3. Infantile Paralysis.
4. School Hygiene.

Edgar O. Crossman, M.D., Professor of Mental Diseases.

1. Dementia Praecox and the Psychopathic Personality.

C. F. Dalton, M.D., Secretary State Board of Health.

1. Management of Epidemics.
2. The Value of Correct Vital Statistics.
3. Recent Advances in the Study of Communicable Diseases.

Oliver Newell Eastman, M.D., Associate Professor of Obstetrics.

1. Toxemia of Pregnancy.
2. Practical Demonstrations on an Obstetrical Manakin.

Fred Kinney Jackson, A.B., M.D., Professor of Physiology.

1. The Arrangement of Dietaries for the Sick.

James Nathaniel Jenne, M.D., Professor of Therapeutics and Clinical Medicine.

1. A Clinic on Internal Medicine (patients to be furnished by the local physicians).
2. Differential Diagnosis of the Diseases of the Upper Right Quadrant of the Abdomen.
3. Incipient Tuberculosis.
4. Dietetic and Economic Value of Foods.

Charles Kimball Johnson, M.D., Instructor of Pediatrics.

1. Infant Feeding.
2. Disturbances of the Digestive Tract in Infants and Children.
3. Pediatrics and the General Practitioner.

Henry Abner Ladd, M.D., Epidemiologist.

1. Diagnosis of Communicable Diseases.
2. Child Hygiene from a Public Health Standpoint.

Avery Eldorus Lambert, Ph.D., Professor of Histology and Embryology.

1. Heredity as a Factor in Social and Community Improvement.

David Marvin, M.D., Essex Junction, Vt., Professor of Pharmacology.

1. Drugs Physicians Should Use and Why (illustrated with graphic charts and kymographic tracings).
2. The Pharmacodynamics of Useful Remedies (illustrated).
3. The Symptoms and Treatment of Acute Drug Poisoning.
4. The Changes in the New Pharmacopoeia and their Bearing on the Armamentarium of the Physician.

Patrick Eugene McSweeney, M.D., Professor of Obstetrics, Professor of Gynecology.

1. Symptoms Indicating Operation for Goitre.
2. The Early Symptoms and Diagnosis of Cancer of the Uterus.
3. Symptoms and Diagnosis of Extra-uterine Pregnancy.

Charles Perkins Moat, B.S., Instructor in Sanitary Chemistry.

1. The Interpretation of Sanitary Water Analysis.
2. Milk Hygiene.

Clifford Atherton Pease, M.D., Instructor in Clinical Surgery.

1. The Carrel-Dakin Treatment of Wounds.

George Millar Sabin, B.S., M.D., Instructor in Gynecology, Instructor in Clinical Surgery.

1. Pre- and Post-operative Treatment of Surgical Cases.
2. Causes of the More Common Pelvic Diseases of Women.

Frederick William Sears, A.B., M.D., Professor of Neurology.

1. The Freuds Theory of Hysteria.
2. Cerebro-Spinal Syphilis.

Daniel Augustus Shea, M.D., Instructor in Medicine, Clinical Medicine and Physical Diagnosis.

1. Diseases of the Heart.

Bingham Hiram Stone, M.S., M.D., Professor of Pathology and Bacteriology.

1. Relation of Laboratory Examinations to Clinical Medicine and How May the Relation Be Most Useful.
2. Pathology as the Subject Applies to the Practitioner of Medicine.
3. Regional Pathology (as part of Symposium).
4. Etiology of Disease (as part of Symposium).

Edward Taylor, B.S., M.D., Professor (pro-tempore) of Tropical Diseases.

1. Early Diagnosis of Poliomyelitis and Mechanisms of Defence.

Henry Crain Tinkham, M.S., M.D., Dean of the College of Medicine, Professor of Applied Anatomy, Professor of Clinical Surgery.

1. Symptoms and Diagnosis of Gastric Ulcer with Indications for Operation.
2. Differential Diagnosis between Appendicitis and Other Conditions Which Stimulate It.

Everett Sayles Towne, A.B., M.D., Instructor in Anatomy, Embryology and Histology.

1. Anatomy of the Cardio-vascular System.
2. Anatomy of the Digestive System and Accessory Glands.

John Brooks Wheeler, A.B., M.D., Professor of Surgery.

1. The Recent Progress in the Treatment of Fractures.
2. Treatment of Prostatic Hypertrophy.

NOTE.—Several members of the faculty are in Government Service and are not available at this time. Members of the faculty are willing to lecture on any subject pertaining to their Department, that might be suggested by a County Society.

THE SIMULATION OF DISEASE

DRUGS, CHEMICALS, AND SEPTIC MATERIALS USED THEREFOR

Reprinted from the Public Health Reports Nov. 3, 1917.

By A. G. DUMEZ

Technical Assistant, Hygienic Laboratory, United States Public Health Service.

This paper is not intended to be an exposé of all of the various methods of effecting simulation of disease, but is restricted to that phase of the subject involving the use of drugs, chemicals, and septic materials. This phase is of special interest at the present time, as it comprises the means most frequently employed by unscrupulous individuals in attempts to evade military duty. For the purpose of enhancing the value of the paper as a source of reference to the medical examiner, the substances enumerated therein are grouped under the disease the diagnostic signs of which their use is intended to simulate. For the same reason, brief outlines of the methods recommended for the detection of these frauds are also included, where specific information of this kind has been available.

SUBSTANCES USED IN THE SIMULATION OF DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE.

ERYTHEMA[1]: Certain nettles, poison ivy, squills, and some plants of the families *Euphorbiaceae* and *Ranunculaceae.* These are applied to the skin with friction.

ECZEMA: After abrading the skin, by scraping with a sharp-edged instrument or rubbing with some rough material, one, or more, of the following is applied: Croton oil, sulphur, acid substances, oil of cade, ointment of mercury, or mezereum bark.

Detection: According to Blum (1916), the eruptions produced may be distinguished from those of the true disease by the fact that they are disseminated and do not form confluent masses. Furthermore, the skin, after the removal of the crust, does not appear red, dry, and hypertrophied, as in true eczema.

HERPES: Certain plants of the family *Euphorbiaceae,* applied to the skin.

Detection: The location and distribution of the lesions is usually so paradoxical as to indicate fraud at first appearance.

IMPETIGO: Cantharidal plaster, or ointment of tartar emetic, applied locally.

OTHER ERUPTIVE DISEASES[2]: Iodides, bromides, arsenic or mercury taken internally. Phenol, cantharides, mustard seeds or croton oil applied externally.

ULCERS: Potash or soda lye, sulphuric acid, hydrochloric acid, nitrohydrochloric acid, or a strong solution of zinc chloride applied externally. A case of sloughing ulcer caused by the repeated application of a hot copper cent to the skin of the arm is reported by Bispham (1914).

[1]The presence of the diagnostic signs simulating erythema is not always an indication of fraud. Very often workers in various trades may have raw erythematous appearing hands. As examples of this kind, Collie (1916) gives the following: Hair dressers, through the use of alkaline shampooing liquids; French polishers, through the use of potassium dichromate; carpenters, working with teak or rose wood; tanners, handling arsenic; masons, through the handling of silicates; photographers, through the action of liquids containing chlorine; painters, and those engaged in handling aniline dyes or strong alkalies.

[2]The drugs which are known to give rise to eruptions when taken internally are a host in number. Many of them are administered for legitimate purposes, and care should therefore be exercised in pronouncing a case fraudulent.

Detection: Ascarelli (1917) states that the diagnosis of fraud is not difficult in these cases. He, however, advises a general examination of the suspect to exclude other conditions which might explain the occurrence of the ulcer, namely: syphilis, diabetes, syringomyelia, varix, etc.

ABSCESS: Commonly produced by inserting beneath the skin a thread smeared with tartar from the teeth, or saliva or faecal matter.

Detection: Blum (1916) states that the pus, obtained upon incision, has an odor similar to that obtained from an abscess of the alimentary tract, this being sufficiently characteristic to identify the fraud.

PHLEGMONS[3] Gasoline, kerosene, oil of turpentine, or a solution of chloride of lime is injected subcutaneously.

Detection: Chavigny (1916), who has made a special study of these artificially produced phlegmons, describes their characteristics as follows: They generally occur in epidemics, and the site of the lesions in these epidemics is usually the same, namely, the knee or immediate neighborhood. They resemble true phlegmons in outward appearance, but are not painful. When in the region of the knee, the flexion of the joint is not hindered and lymph gland enlargement is absent or only slight. They rarely show a thermal reaction above 38.5° C. The pus is aseptic and shows a predominance of mononuclears. The red blood cells are well preserved and show no evidence of autolytic changes. When the phlegmon is the result of the injection of oil of turpentine, the pus is a dirty red in color and contains numerous granular masses. If due to use of gasoline the color is a dirty white. It is homogeneous, and of the consistency of a viscous jelly. In neither case does the pus have the odor of the injected liquid. When kerosene is the agent employed, however, the odor is sufficiently pronounced to be used as evidence of fraud.

LIPOMA: Paraffin injected subcutaneously.

OEDEMA OF THE HANDS AND FEET: Friction between the fingers or toes with a stalk of a species of horsetail (*Equisetum arvense*). The resulting inflammation is said closely to resemble oedema.

SUBSTANCES USED IN THE SIMULATION OF DISEASES OF THE EYE

INFLAMMATORY DISEASES: The following have been placed under the eyelid: ipecac, castor-oil seed, cantharides, lime, silver nitrate, red mercuric oxide, copper sulphate, acid lotions, urine, faecal matter and putrid matter.

MYORIASIS: The preparations and alkaloids of belladonna, hyoscyamus and stramonium placed in the eye.

MYOSIS: Lobeline placed in the eye.

Detection: The simulation of mydriasis, or myosis, by the above means, can be most easily discovered by isolating the suspect and keeping him under close observation.

SUBSTANCES USED IN THE SIMULATION OF DISEASES OF THE EAR

OTITIS: Urine, faecal matter and chemicals (specific names not mentioned) are reported as having been inserted into the auditory canal for this purpose.

[3]A method for the isolation of the gasoline, kerosene, or oil of turpentine present in the pus obtained from these artificially produced phlegmons has been reported by Ed. Lasuasse (1916). Chemical tests for the identification of these substances have also been described by this author.

Detection: The presence of lesions in the meatus and concha may reveal the artificial nature of the disease (Ascarelli, 1917).

SUBSTANCES USED IN THE SIMULATION OF DISEASES OF THE THROAT

ACUTE TONSILITIS: Irritating solution used as a gargle.

Detection: Febrile phenomena are absent. The inflammation is not confined to the tonsils but extends to all parts touched by the liquid (Blum, 1916).

SUBSTANCES USED IN THE SIMULATION OF DISEASES OF THE RESPIRATORY SYSTEM

HAEMOPTYSIS: Colored substances, such as carmine or beet juice, to color the sputum. The blood of animals (chicken) is also reported as having been used for this purpose.

Detection: Fraud of this nature is, usually, readily detected by a microscopical examination of the sputum.

SUBSTANCES USED IN THE SIMULATION OF DISEASES OF THE DIGESTIVE SYSTEM

GASTRIC DERANGEMENTS: A mixture of oil and tobacco is frequently imbibed for this purpose. Blum (1916) states that the gastric symptoms which follow may be accompanied by a rapid heart and icterus.

Detection: An examination of the stomach contents is the best means of detecting this form of fraud.

DIARRHOEA: Purgatives are reported as having been employed for this purpose. Another means of effecting simulation is the dilution of the faeces with urine or water. In attempts to simulate dysentery, small pieces of meat and pork fat are added to the faeces thus diluted.

Detection: Procedure of this kind can be most easily discovered by isolating the suspect and keeping him under observation. During this period, the faeces and urine should be collected in separate vessels.

ICTERUS:[4] Walnut juice and liquid preparations of curcuma, applied externally, picric acid taken internally.

Detection: Attempts to simulate the diagnostic signs of jaundice by the use of external applications are so crude that they may be detected with ease.

For the detection of the use of picric acid, a number of methods have been devised. Among the best of these are the methods of Le Mithouard (1915), Derrien (see Grimbert, 1916), and Pecker (1916), in which picric acid or its derivatives are identified in the urine, and the methods of Pognan and Sauton (1915) and Tixier and Bernard (1917), in which picric acid or its derivatives are sought for in the blood. The last-mentioned method is given here because of its simplicity and sensitiveness. It is carried out as follows: Add 15 drops of blood, drawn from the tip of the finger of the suspected simulator, to [illegible] centimeters of salt solution (0.95 per cent), contained in a small glass tube, and shake two or three times. After allowing the mixture to stand at room temperature for 24 hours, draw off, by means of a pipette, 1 to 2 cubic centimeters of the salt solution. The latter will be colored faintly yellow, in case the icterus is due to the ingestion of picric acid. Add an equal volume of a solution of methylene blue (1:50,000) and shake vigorously, then 15 drops of

[4]A recent report of the Royal Society of Medicine shows that toxic jaundice in munition workers may be due to the handling of trinitrotoluene or tetrachlorethane. A sufficient amount of these substances to produce the symptoms of jaundice is stated to be absorbed through the skin.

chloroform[5] and shake again. If picric acid derivatives are present, the chloroformic solution, which separates on standing, will appear light green to deep green (bottle green) in color, depending on the quantity of the acid derivatives present.

SUBSTANCES USED IN THE SIMULATION OF DISEASES OF THE CIRCULATORY SYSTEM

RAPID HEART: Cordite (an explosive consisting of a mixture of guncotton and vaseline) is reported as having been chewed for this purpose.

Notes: Newspaper reports indicate that perhaps other substances are being employed for this purpose. Attention is, therefore, invited to some of the substances which might be used, namely: Nitroglycerin in the form of the spirit or tablet, atropine or belladonna and its preparations, or caffeine.

SUBSTANCES USED IN THE SIMULATION OF DISEASES OF THE KIDNEYS

ALBUMINURIA: Sodium chloride and milk, consumed in large quantities for several days. Blum (1917) states that this is the method commonly employed by those who are predisposed to the disease. Another method consists of the injection of albumin into the bladder.

Detection: Isolate the suspect and keep him under observation. In case of fraud, the albumin will disappear from the urine in a few days.

SUBSTANCES USED IN THE SIMULATION OF DISEASES OF THE METABOLISM

DIABETES MELLITUS: Phloridzin taken *per os* or injected subcutaneously, ammonium oxalate *per os*, or glucose injected directly into the bladder.

Detection: Phloridzin is excreted in the urine, and may be identified therein by the method of Marcuse (1897), which is as follows: To 5 cubic centimeters of the suspected urine, contained in a test tube, add a few drops of ferric chloride test solution. The mixture will assume a bright red color, if phloridzin is present.

Certain other substances give a similar color reaction, namely: Acetoacetic acid, phenacetin, antipyrin and salicylic acid.

In case the color is due to the presence of salicylic acid the mixture will be decolorized on adding a few drops of hydrochloric acid and shaking with ether.

To test for antipyrin, add a few drops of Lugol's solution to a small quantity of the urine, previously diluted with 20 volumes of water and acidified with hydrochloric acid. The presence of antipyrin will be indicated by the formation of a characteristic precipitate.

To determine whether or not glucose has been injected into the bladder, empty the latter and wash out with a solution of boric acid. Collect a sample of urine two or three hours later and examine. The absence of sugar indicates fraud.

GENERAL DEBILITY OR PHYSICAL EXHAUSTION: Vinegar consumed in excessive amounts; tobacco (excessive use of); arsenious acid mercury, or lead salts, taken internally for a period of time sufficiently long to cause the appearance of toxic symptoms.

SUBSTANCES USED IN THE SIMULATION OF OTHER DISEASED CONDITIONS

FEVER: A peeled tooth of garlic inserted into the anus and allowed to remain for 24 hours, or the same substance crushed and rubbed into the axillae (Perez, 1917).

HERNIA: Paraffin injected into the scrotum.

Public Health Reports, Nov. 3, 1917.

[5]If ether is substituted for the chloroform, there is less danger of forming a troublesome emulsion.

Book Review

TUBERCULIN AND VACCINE IN TUBERCULAR INFECTIONS

By Ellis Bonime, M.D.,

Adjunct Professor of Surgery and Division of Immunotherapy, New York Polyclinic Medical School and Hospital.

Cloth, 267 pages, 59 illustrations. Price, $6.00. The Southworth Company, Publishers, Troy, New York, 1917.

The Author of this volume is well known to Vermont physicians who heard him at the Rutland Meeting of the State Society three years ago on this same subject.

First of all we wish to congratulate the publishers on the excellent make-up of the book. It is well indexed and the brief digests of each paragraph, marginally printed, make the work available for ready reference.

Dr. Bonime is a pioneer in the realm of accurate dosage of tuberculin and he shows conclusively that it is not the use of tuberculin that has done damage, but the *misuse.* Under the explicit directions given tuberculin may be used by the general practitioner as safely as any of the potent modern biological agents.

Dr. Bonime's book is divided into three parts. The first part treats of "tuberculin in diagnosis": here he studies immunity and its mechanisms, opsonins and antibodies and then the nature of the various tuberculins, the choice of tuberculin for the purpose at hand, the proper method of dilution, etc.

The remainder of this part is devoted to Reaction in Disease.

His second part covers very well the treatment of the various manifestations of tuberculosis such as tuberculosis of glands, bones and joints, kidneys, lungs, eye and ear, and skin.

Part three—Special Treatment—has chapters and sections on "combined therapy," "mixed infection," "vaccines," "surgical measures," "bismuth paste," "cold abscess," "empyema," etc.

The volume contains fifty-nine well-chosen illustrations, many of which are X-ray photographs.

Dr. Bonime and his publishers have done their work well, and, if the book is widely read, there seems no doubt that the wish the author expresses in his epilogue will be fulfilled:

"The many hours of tireless work which I bestowed upon the preparation of this work will not prove in vain if I have succeeded, at least in some measure, to stimulate the spread of the use of tuberculin in general practice.

"Certain it is, that the conquest of this wide-spread disease lies in the hands of the general practitioner, and it is equally certain that the final utilization of the immune response is the best weapon against this scourge."

J. M. H.

(Continued from Page 60)

arrested on March 4th for violation of the espionage act and put under a bond of $5000 to appear before the United States Commissioner for trial. Brilliant and fearless, with ready speech and facile pen, but entirely lacking in balance and profundity, it is no matter of surprise to his acquaintances that he has become at length seriously involved in a grave charge. His culminating utterance was a letter to President Wilson charging him with securing his election by false pretenses and demanding that our forces be at once recalled from France since Germany is "victorious and invincible."

(Continued from Page 59)

early and late in the disease. This is the so-called foam test and depends on the pathologically increased amount of albumen and globulin in the spinal fluid in cases of poliomyelitis. When a test-tube which is half filled with spinal fluid is thoroughly shaken, a persistent foam appears on the surface which may last for half an hour to an hour or even longer. Compared with a normal spinal fluid, the foam produced by shaking a fluid obtained from a poliomyelitis patient is much denser, finer, more voluminous and more persistent. The presence of blood must be excluded before any definite deductions from these tests are made."

These bed-side tests are in no way intended to replace the laboratory findings in the fluid, but they are of great relative diagnostic value.

As far as word has been received by the State Secretary, Bennington County stands in the lead in as much as at the January meeting they passed the following resolution: "That the Society keep in full membership, and pay all dues to the State Society for any members who may serve in the United States Army or Navy during the present war." In addition to this, Bennington County Medical Society invested in a $50.00 Liberty Loan. May every County do as well.

Considerate.—A boy of seven was being scolded in a room adjoining one in which his grandma lay ill. He motioned toward grandma's room and quietly said, "Sh-! It's too much for her; it'll wear her out." Later, grandma thanked him for his consideration, whereupon he replied: "Don't mention it, gram; that was fifty-fifty-part for you and part for me."—(Everybody's Magazine).

"DOC"

There is probably not a physician in active practice in this whole region who is not called "Doc" by at least one patient every day. The word "Doctor" evidently formerly had attached to it much more respect and courtesy than it has at present, that is judging from this uncalledfor and undesirable abbreviation. When a man graduates from a medical college, leaving out of account his preliminary education, he is certainly entitled to more than "Doc." Many physicians put up with it when they do not like it, to avoid offending their patients, and a few either do not mind it or actually like it. Nearly all patients use the word without knowing that the unabbreviated form is the only proper and allowable one to use. A tactful reminder is all that is needed to overcome this bad habit. Every physician should have in his office in a prominent place the sign DO NOT CALL ME DOC.

—*South Western Medicine,* Feb. 1918.

HAPPINESS

Jennie, tell papa to close the bath room door when he gargles his throat.

He aint in the bath room, ma, he's down eating dinner.—Penn. State Froth.

McAdoo has decided that the baby-carriage factories are essential industries. If that doesn't reconcile T. R. to the Administration, he's hopeless.

—*Cleveland Plain Dealer.*

The War

Honor Roll of Vermont Physicians in the Service of their Country.

Majors

Thos. J. Hagan, M.C., 1st Vermont Inf., Camp Greene, Charlotte, S. C.
William Stickney, Chief of Surgical Section, Base Hospital, Camp Upton.
Edward A. Tobin, Plattsburg Barracks.
Wm. Warren Townsend, Chief Surgical Section, Base Hospital, Camp Dix.

Captains

Geo. Lucien Bates, Fort Riley.
Nathan Renwick Caldwell, Groton.
Geo. E. Chamberlain, So. Newbury, Vt., physically disabled.
Frederick Elsworth Clark, Hoboken, N. J.
Alan D. Finlayson, Camp Joseph E. Johnston.
Harry Leslie Frost, Camp Devens.
Henry Chester Jackson, Fort Riley.
Horatio Nelson Jackson, Senior Instructor, Medical Officers' Class, Camp Mead.
Charles Emerson Libbey, Camp Taylor
Geo. Guerin Marshall, Balboa Heights, Panama.
Seth Hunter Martin, Camp Greene, Charlotte, S. C.
Wm. Hayes Mitchell, Ft. Ethan Allen.
Edward Francis Murray, inactive list.
Geo. Roberts, Base Hospital, Fort Oglethorpe.
Herbert Wellington Taylor, in France.
Emmus G. Twitchell, Fort Oglethorpe.

Lieutenants

Geo. Albert Alden, no report.
Fred Noble Aldrich, in France.
Frank C. Angell, Fort Oglethorpe (Duty).
Robert Oscar Blood, no report.
Windsor DeForest Bowen, Base Hospital, Camp Upton.
Percy Erastus Buck, Fort Oglethorpe.
Arthur Washington Burnham, no report.
John Marie Caisse, Swanton, inactive list.
Luther John Callahan, Manchester Center, inactive list.
Mitchell D. Carey, Fort Oglethorpe.
Charles Porter Chandler, Fort Oglethorpe.
Joseph A. Ciminera, Fort Oglethorpe.
Bernie Dennis Colby, Sudbury, inactive list.
Sherwin Aldrich Cootey, Wallingford, inactive list.
Albion Arthur Cross, Fort Oglethorpe.
Julius E. Dewey, Fort Oglethorpe.
Frank Henry Everett, Castleton, inactive list.
Edward V. Farrell, Danby, inactive list.
Willis B. Fitch, St. Johnsbury, inactive list.
William Arthur Flood, North Bennington, inactive list.
Ermin Morton Gardinier, Bennington, inactive list.
Victor Patrick Genge, in France.
Bert D. George, Fort Oglethorpe.
Frank Leslie Gilbert, in France.
Stewart Louis Goodrich, Fort Porter.
Albert Joseph Greenwood, no report.
Herbert Bill Hanson, Chicago.
Byron Harry Herman, St. Albans.
Frederick W. Harriman, Fort Oglethorpe.
Anselme Ephrem Houle, Fort Oglethorpe.
William Orrin Hutchinson, Washington, inactive list.
Roy Chase Jackson, inactive list.
John P. Kerrigan, Ludlow, inactive list.
Arthur Clark Kinney, East Hardwick, inactive list.
Arthur Leo Larner, San Antonio, Texas.
Geo. Eugene Latour, Camp Custer, Battle Creek, Mich.
Casper Sylvester Leach, no report.
Robert Leland Maynard, Base Hospital No. 116, New York City.
Louis F. McCarthy, Fortress Monroe.
Donald Guy McIvor, Swanton, inactive list.
Walter Franklin McKenzie, Camp Vail, Little Silver, N. J.
Harold Stearns Peck, General Hospital, London, Eng.
JOHN C. MURPHY, died in service, Ft. Ethan Allen.
Thomas Rice, no report.
Douglas James Roberts, Instructor in Roentgenology, Cornell Medical College.
Leonard Blake Rowe, Fort Oglethorpe.

George Clark Rublee, Fort Oglethorpe.
Geo. Albert Russell, 19th Cavalry, Ft. Ethan Allen.
Dennis J. Sheehan, Fort Oglethorpe.
Chester Lewis Smart, Fort Oglethorpe.
Ray Ernest Smith, in France.
Henry E. Somers, Fort Oglethorpe.
Henry Eugene St. Antoine, Jamaica Plain, Mass.
John Patrick Tierney, St. Johnsbury, inactive list.
John David Thomas, Camp Devens.
Ray Brown Thomas, Williamsbridge, N. Y.
Henry Latimer Tillotson, Groton, Vt., inactive list.
Joseph Arthur Wark, Barre, inactive list.
William Godfrey Watt, Vergennes, inactive list.
Henry Reuben Weston, Base Hospital, Camp Lee.
John B. Wheeler, Burlington, Advisor to Governor of Vermont.
William Henry White, North Troy, inactive list.
Rollin D. Worden, Camp Sherman.

Honorably Discharged on Account of Physical Disability

Lieut. Francis J. Eunis.
Lieut. Waldo R. Harkness.

Navy

Bertrand Fletcher Andrews, no report.
Lieut. Edward A. Crofutt.
Lieut. Frederick Henry Gebhardt, Naval Training Station, Newport, R. I.
Ransom H. Holcomb.
John Dowd Lane.
Leland McKinlay.
Charles Edward Morse.

Capitals indicate, died in service.
Italics, serving "overseas."
Information is requested that this roll may be kept as nearly correct as possible.

The University of Vermont reports 145 men in the service and has furnished the following list of the more recent graduates.

Agnew, W. J. C., '14, Assistant Surgeon, U. S. Navy.
Andrews, B. F., '17, Assistant Surgeon, U. S. Navy.
Berry, J. F., '13, Lieut. Med. Reserve Corps.
Blance, Clarke, '13, Surgeon, U. S. infantry.
Bunce, J. W., '15, 1st Lieut., Med. Reserve Corps.
Caisse, J. H., '13, 1st Lieut., Med. Reserve Corps.
Cary, M. D., '14, Med. Reserve Corps.
Chapin, W. A. R., '15, Med. Reserve Corps in France.
Cinimera, J. A., '16, 1st Lieut., Med. Reserve Corps.
Cross, A. A., '12, 1st Lieut., Med. Reserve Corps.
Curran, E. R., '19, Medical Detachment, U. S. Expeditionary Forces.
Deming, R. M., '16, Medical Reserve Corps, in France.
Ellis, A. J., '14, 1st Lieut., Medical Reserve Corps.
Ferguson, G. A., '12, 1st Lieut., Medical Reserve Corps.
Frost, H. L., '12, 1st Lieut., Medical Reserve Corps.
Guillet, M. E., '13, Surgeon in French Hospital.
Hermann, B. H., '14, 1st Lieut., Regimental Surgeon in France.
Hiltpold, Werner, '12, 1st Lieut., Med. Reserve Corps.
Holcomb, R. H., '17, Asst. Surgeon, U. S. Naval Reserve.
Ingalls, S. S., '13, 1st Lieut., Med. Officers Reserve Corps.
Johnson, D. B., '14, 1st Lieut., Med. Officers Reserve Corps.
Linnehan, J. S., '17, 2nd Lieut., Med. Officers Reserve Corps.
Lovejoy, J. L., '14, 1st Lieut. Med. Officers Reserve Corps.
McIver, D. G., '14, Med. Officers Reserve Corps.
McKinlay, L. M., '17, Asst. Surgeon, U. S. Naval Reserve.
Morse, C. E., Jr., '14, Asst. Surgeon, U. S. Navy.
Moore, C. E., '17, Asst. Surgeon, U. S. Army.
Murphy, J. C., '15 (deceased) 1st Lieut., Med. Reserve Corps.
O'Dea, P. J. '12, 1st Lieut., Med. Reserve Corps.
Olsson, Ewald, '16, Ambulance Surgeon.
Parker, C. J., '15, Asst. Surgeon, U. S. Naval Reserve.
Pierce, C. E., Jr., '18, U. S. Medical Corps.
Plante, Ulric, '15, 1st Lieut., Med. Reserve Corps.
Putnam, H. A., '15, U. S. Med. Corps.
Rapuzzi, J. E., '15, 1st Lieut., Med. Reserve

Corps, Field Artillery in France.
Rice, Thomas, '13, 1st Lieut., Med. Reserve Corps.
Roberts, D. J., '16, 1st Lieut., Med. Reserve Corps.
St. Antoine, H. E., '15, 1st Lieut., Med. Reserve Corps.
Shield, V. H., '17, Asst. Surgeon, U. S. Army.
Skirball, L. J., '13 Lieut., Med. Reserve Corps.
Soper, L. D., '15, 1st Lieut., Med. Reserve Corps .
Smart, C. L., '15, 1st Lieut., Med. Reserve Corps.
Stewart, H. M., '14, 1st Lieut., Med. Reserve Corps.
Thompson, H. K., Ex-'17, Med. Reserve Corps.
Topkins, Samuel, '15, 1st Lieut., Med. Reserve Corps.
Torrance, R. A., '13, Asst. Surgeon, U. S. Army.
Watt, W. G., '12, Med. Officers Reserve Corps.
Weed, A. R., '12, Med. Officers Reserve Corps.
Wineck, M. S., '15 1st Lieut., Med. Reserve Corps.
Wriston, J. C., '20, Med. Corps, U. S. Army.
Worden, R. D., '15, 1st Lieut., Med. Reserve Corps.

MEANING OF THE WORD "RESERVE."

We understand that some reserve officers have insisted on immediate service of a definite kind and, on the other hand, that others have insisted that they shall be permanently in reserve. The latter remind us of the man who proposed to a girl that she might add a tally to her list of rejections, but with the stipulation that there must be no question but that she would refuse him. A reserve of medical officers does not differ essentially from one of any other kind of military forces. It is equally worthless if it must be prematurely sent into action, or if it cannot be sent into action at all.

—*Buffalo Medical Monthly.*

"Well, after all," remarked Tommy who had lost a leg at the war, "There's one advantage in 'aving a wooden leg."

"What's that?" asked his friend.

"You can hold up yer bloomin' sock with a tin tack!" chuckled the hero. —*Tid Bits.*

RULING ON SURGICAL OPERATIONS ON ENLISTED MEN.

The Judge Advocate General of the Army has published a ruling upholding the right of an enlisted man to refuse to undergo a surgical operation unless the attending surgeon formally certifies that there is no danger to the life of the patient. This ruling is the result of trial by court martial of a private who refused to obey orders and upon conviction was sentenced to two months' imprisonment. It was found that no certificate stating that the proposed operation was devoid of danger had been filed and the prisoner was released. If the surgeon reports that an operation involves danger to the soldier's life and the man does not want to take the chance the army regulations prescribe that he must be honorably discharged from the army for disability.

—*Journal of the Med. Society of N. J.*

WHEN THE WAR WILL END.

At the recent meeting of the Southern Medical Association in Memphis, which was the most successful meeting it has ever held, a remarkable War program was given. Every speaker who has been in France emphasized the fact that the War is just beginning, and that it will be won when this Country is ready and prepared; in fact, one speaker summed it all up, and he was probably the one best qualified to speak, by saying that when the United States has 10,000,000 men fully armed and equipped in France at one time the War would be over, and not until then.

These lines are not written with a view to causing unnecessary alarm, but with a view to causing that necessary realization of the stern facts before us that we may all prepare to make what sacrifice is necessary to win, as win we must.—*Kentucky Medical Journal.*

WOUNDS IN THE TRENCHES

In modern trench warfare, about 75 per cent. of the wounds are produced by shell-fire and 20 per cent. by rifle.—*Journal of the Med. Society of N. J.*, Feb. 1918.

A WARNING AGAINST OPERATIONS FOR VARICOCELE ON APPLICANTS FOR ENLISTMENT REGISTRANTS FOR THE SELECTIVE DRAFT, AND SOLDIERS.

MAJ. JOSEPH COLT BLOODGOOD, M. O. R. C.,
Baltimore, Md.

Until recently, varicocele disqualified for military service, and many applicants for enlistment in the Army and Navy and for admission to West Point and Annapolis subjected themselves voluntarily to this operation. Now that varicocele does not disqualify, officers and especially enlisted men who complain of discomfort in the groin and testicles during their physical training may be referred to the base hospitals in the various training camps and cantonments, and subjected to an unnecessary operation for varicocele.

The evidence against operation for varicocele, except in selected cases, is based on these facts: The majority of men suffering with this lesion show, after long observation, that the condition as a rule spontaneously disappears. Varicocele is observed most frequently after puberty and before the age of 21, and as a rule it disappears at about the age of 25, and, with few exceptions, before 30.

Those persons who have varicocele and are, in addition, neurasthenics, are rarely relieved of their nervous complaints by the operation for varicocele.

In the excision and ligation of the thin-walled, dilated veins there is always the danger, even when the greatest care is taken, of hemorrhage, which is followed by thrombosis, hematoma and epididymitis. This complication prolongs thhe period of disability, and in a few cases atrophy of the testicle results.

Even in those cases in which the operation is properly done and when there is little or no swelling of the testicle, or marked thrombosis of the lower stump of veins, a hydrocele may secondarily develop within a few months or years. The resultant hydrocele is much more annoying than the original varicocele.

When the patient has a hernia and varicocele, the danger of epididymitis and atrophy of the testicle and secondary hydrocele is much greater, if the veins are excised when the radical operation for hernia is performed. I am so convinced of this danger that I never excise the veins of the cord in operations for hernia on children, and only in exceptional cases in operations on younger men. I called attention to this in 1899 in a report on 459 cases of operation for hernia and forty-five cases of operation for varicocele (*John Hopkins Hospital Reports*, 1899, 7.) On a number of occasions since then, I have written to the surgeon-generals of the Army and Navy, giving the evidence against disqualifying applicants for enlistment because of varicocele, and requiring an operation for their acceptance.

In 109 operations for hernia in which the veins were not excised, there was but one case of marked hematoma with atrophy of the testicle. In this case the veins were injured during the operation, and a huge hematoma developed at once. In this group many of the hernias were large, and the sacs adherent to the veins of the cord.

In sixty-one cases of operation for hernia in which the veins were excised by the older method, atrophy of the testicle took place in nine instances, about 15 per cent. In this older method, not only were the veins of the cord completely excised, but the cord was torn from its vascular bed in the inguinal canal.

In the paper already referred to, I described a method of excising the veins in operations for hernia in which the remainder of the cord is uninjured and its vascular attachments to the inguinal canal remain undisturbed; the cord is not transplanted. There are recorded fifty-three such operations without any recorded case of atrophy.

If we group all these cases of hernia in which the veins were excised, there would be 114, with nine atrophies of the testicle, or almost 8 per cent. No hydrocele was observed after operations forhernia in which the veins were not excised, but there were a number of cases of hydrocele, irrespective of the method of excision of the vein.

In sixteen cases of operation for varicocele, the incision was made through the scrotum. The results after this older method were traced in six cases, with the demonstration of one hydrocele and one atrophy of the testicle. When the veins had been excised by the newer method through an incision in the groin, seventeen out of twenty-nine cases were followed with no atrophy of the testicle, but there were five hydroceles—almost 30 per cent. Hydrocele, therefore, may follow the operation for vari-

(Continued on Page 77)

From the Council of Pharmacy and Chemistry

During January the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

The Abbott Laboratories:
Chlorazene Surgical Powder.
Calco Chemical Company:
Betanaphthyl Salicylate (Calco).
Merck and Company:
Acetylsalicylic Acid-Merck.

During February the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

The Abbott Laboratories:
Chlorcosane.
Barbital-Abbott.
Procaine-Abbott.
Dermatological Research Laboratories, Philadelphia Polyclinic:
Arsenobenzol (Dermatological Research Laboratories) 1 Gm. Ampules.
Eli Lilly and Company:
Typhoid Vaccine, Prophylactic.
Typhoid Vaccine, Therapeutic.
Typhoid Mixed Vaccine, Lilly.
Merck and Company:
Mercury Benzoate-Merck.
Monsanto Chemical Works:
Halazone-Monsanto
H. K. Mulford Company:
Bulgarian Bacillus, Friable Tablets.

NEW AND NON-OFFICIAL REMEDIES.

Barbital.—Diethyl-Barbituric Acid, first introduced under the name veronal. In small doses barbital is a relatively safe hypnotic, but fatalities have followed its indiscriminate use. It is claimed to be useful in simple insomnia, as well as in that accompanying hysteria, neurasthenia and mental disturbance. From 0.3 to 1 Gm. (5 to 15 grains) in hot water, tea or milk, or, if in wafers or capsules, followed by a cupful of some warm liquid.

Barbital-Abbott.—A brand of barbital complying with the New and Non-official Remedies standards. The Abbott Laboratories, Chicago.

Mercury Benzoate-Merck.—A brand of mercuric benzoate complying with the New and Non-official Remedies standards. Mercuric benzoate has the properties of mercuric chloride. It has been said to be useful for hypodermic use and in gonorrhea. Merck and Company, New York.

Chlorcosane.—A liquid obtained by chlorinating solid paraffin. It contains about 50 per cent. of chlorin in stable combination. Chlorcosane is used as a solvent for dichloramine-T; with it solutions containing as much as 8 per cent. may be prepared. When used in a hand atomizer, chlorcosane solutions of dichloramine-T may be made less viscous by the addition of 10 per cent. of carbon tetrachloride. The Abbott Laboratories, Chicago.

Betanaphthyl Salicylate-Calco.—A brand of betanaphthyl salicylate complying with the New and Non-official Remedies standards. Betanaphthyl salicylate is believed to act as an intestinal antiseptic and, being excreted in the urine, to act in a similar way in the bladder. It is said to be useful in intestinal fermentations, catarrh of the bladder, particularly gonorrheal cystitis, rheumatism, etc. The Calco Chemical Co., Bound Brook, N. J.

Acetylsalicylic Acid-Merick.—A brand of acetylsalicylic acid complying with the New and Non-official Remedies standards. Acetylsalicylic acid is employed in rheumatic conditions, and especially as an analgesic and antipyretic in colds, neuralgias, etc.

Chlorazene Surgical Powder.—An impalpable powder composed of chlorazene, 1 per cent.; zinc stearate, 10 per cent., and sodium stearate, 89 per cent. Chlorazene Surgical Powder is absorbent, slightly astringent, and forms a closely adherent film when applied to the skin. It may be dusted freely over denuded or abraded areas, cuts, wounds, and skin eruptions. The Abbott Laboratories, Chicago (*Jour. A. M. A.*, Feb. 16, 1918, p. 459).

PROPAGANDA FOR REFORM.

Phenalgin and Ammonol.—At the time that synthetic chemical drugs were coming into fame and when every manufacturer who launched a new headache mixture claimed to have achieved another triumph in synthetic chemistry, Ammonol and Phenalgin were born and duly christened with chemical formulas. However, one of the first reports of the Council on Pharmacy and Chemistry showed them to be mixtures composed of acetanilid, sodium bicarbonate and ammonium carbonate. Since then the

unwarranted claims made for these preparations have been exposed repeatedly, and the danger of the indiscriminate use of headache mixtures pointed out. Despite the exposure of the methods used in exploiting Ammonol and Phenalgin, one finds just as glaringly false statements made in the advertisements of Phenalgin today as were made in its unsavory past. This would seem to indicate either that physicians have short memories or that they are strangely indifferent to the welfare of their patients, to their own reputation, and to the good name of medicine (*Jour. A. M. A.*, Feb. 2, 1918, p. 337).

Absorption and Excretion of Mercury.—It may be regarded as clearly established that, in addition to the kidneys, the stomach may participate in this eliminatory function quite as well as the other portions of the alimentary tract. The occurrence of severe intoxications from the use of mercuric chloride in vaginal douches is likewise recognized. The absorption of mercury through the sound skin has been in dispute. To account for the efficacy of mercurial inunction, the contention has been made that the mercury thus applied is volatilized and absorbed through the lungs in greater part if not entirely. Experiments in the dermatologic laboratories of the Philadelphia Polyclinic leave little doubt that the skin is an important, perhaps the most important path of absorption of mercury applied by inunction (*Jour. A. M. A.*, Feb. 9, 1918, p. 392).

Basy Bread.—This is an asserted obesity cure put out by the Doctors' Essential Food Company, Orange, N. J. The advertising claims are extravagant and typical of other obesity treatment literature. Analyses indicated that in composition Basy Bread was similar to graham bread. Basy Bread sells for $1 a loaf. Dr. Wiley well sums up the case thus: "There is one way in which Basy Bread will reduce, that is, don't eat any of it nor much of it nor much of any other kind" (*Jour. A. M. A.*, Feb. 9, 1918, p. 407).

Campho-Phenique.—The Secretary of the Harvard University Medical School received, from the Campho-Phenique Company of St. Louis, a letter stating that the concern wishes to supply the senior students of all Medical Colleges with samples of Campho-Phenique and Campho-Phenique powder, and ointment, and asking the number of students and the name of every student in the graduating class. The Campho-Phenique concern believes in following the old advice, "Catching them young." In 1907, the Council on Pharmacy and Chemistry reported that Campho-Phenique (liquid) was exploited under a false "formula," that it was a solution of camphor and phenol in liquid petrolatum, and that for all practical purposes Campho-Phenique Powder was essentially a camphorated talcum powder containing apparently sufficient phenol and camphor to give the powder an odor. The report of the Council further brought out that the Campho-Phenique Company was in effect one of the numerous trade names adopted by one James F. Ballard. Mr. Ballard seems to market a number of "patent medicines," for some of which Dr. Ballard has pleaded guilty in the federal courts to making false and fraudulent claims (*Jour. A. M. A.*, Feb. 9, 1918, p. 408).

Sodium Bicarbonate.—Few patients will object to the taste of sodium bicarbonate if the required dose is administered dissolved in a convenient quantity of cold water. The taste may be disguised by dissolving the sodium bicarbonate in carbonated water or else by adding a little sugar and lemon juice to ordinary water. Sodium bicarbonate may also be prescribed in the form of tablets. Though it is better that these be allowed to dissolve in the mouth, in most cases they are swallowed without discomfort (*Jour. A. M. A.*, Feb. 9, 1918, p. 410).

Acetylsalicylic Acid and Phenyl Salicylate Incompatible with Alkalies.—In the presence of moisture, acetylsalicylic acid is decomposed by magnesium oxide (calcined magnesia), as is also phenyl salicylate (salol). Hence these drugs should not be combined with magnesium oxide in a prescription (*Jour. A. M. A.*, Feb. 9, 1918, p. 410).

Fellows' Syrup, and other Preparations of the Hypophosphites.—An advertisement for Fellows' Syrup reads: "Fellows' Syrup differs from other preparations of the hypophosphites. Leading clinicians in all parts of the world have long recognized this important fact. Have you? To insure results, prescribe the genuine Syr. Hypophos. Comp. Fellows'. Reject cheap and inefficient substitutes. Reject preparations 'just as good.'" In truth, Fellows' Syrup is not like the better preparations of this type, since after standing it contains a muddy looking deposit that any pharmaceutical tyro would be ashamed of. Examination of the literature used in the exploita-

tion of Fellows' Syrup fails to disclose any evidence to show that it has therapeutic value. Not only is there an entire absence of any evidence of its therapeutic value, but there is an abundance of evidence that the hypophosphites are devoid of any such therapeutic effects as they were formerly reputed to have, and that they are, so far as any effect based on their phosphorus content is concerned, singularly inert. As the result of its investigation of the therapeutic effects of the hypophosphites, the Council on Pharmacy and Chemistry concluded: There is no reliable evidence that they exert a physiologic effect; it has not been demonstrated that they influence any pathologic process; they are not "foods." If they are of any use, that use has never been discovered (*Jour. A. M. A.*, Feb. 16, 1918, p. 478).

Calcium Iodide in Tuberculosis.—There appears to be no work to indicate that the intravenous administration of calcium iodide in tuberculosis is of value. It has not been demonstrated that tuberculosis is associated with a deficiency of calcium. On the other hand, experiments demonstrate that the administration of calcium does not change the calcium content of the blood. Furthermore, there is no evidence to warrant the intravenous administration of iodides (*Jour. A. M. A.*, Feb. 16, 1918, p. 481).

Bell-Ans (Papayans, Bell).—"Are you going to sit there and let the other folks eat up all the good things just because you are afraid to pitch in, when 2 or 3 Bell-Ans taken before and after the meal would enable you to enjoy your share of all that's coming without a bit of discomfort or distress? Bell-Ans has restored the pleasures of the table to thousands who say: 'I can now eat anything and plenty of it, too.'" The *New York Tribune* comments that such advertisement as this is not limited to the evil effects to the misguided individual who eats lobster and ice cream at midnight and trusts to Bell-Ans to atone for his indiscretion. The most serious effect of such reckless advice is the example which the advertising sets to other advertisers (*Jour. A. M. A.*, Feb. 23, 1918, p. 557).

Antiphlogistine.—A. G. Gould, M.D., Plant Physician to the Goodyear Tire and Rubber Company, writes that after corresponding with the physicians in charge, he finds incorrect the claims of the Denver Chemical Mfg. Company, regarding the use of Antiphlogistine by certain establishments. He asks: Is there not some way that such exploitation of our large companies can be prevented? (*Jour. A. M. A.*, Feb. 23, 1918, p. 557).

Syphilodol.—According to the French Medicinal Company, Inc., which markets the product, Syphilodol "is a synthetic chemical product of silver, arsenic and antimony." Nowhere in the advertising matter is there a more comprehensive statement regarding the composition of this "new synthetic" than that just quoted. The product is being examined in the A. M. A. Chemical Laboratory, the examination having advanced sufficiently to show that Syphilodol contains considerable quantities of mercury. Although the advertising leaflet claims that the preparation is "the formula of the late Dr. Alfred Fournier of Paris" and has been exhaustively tested by Metchnikoff, a careful search of French medical journals fails to show any report on Syphilodol (*Jour. A. M. A.*, Feb. 23, 1918, p. 559).

Trousseau's Wine.—This obsolete combination of drugs acting on the heart and kidneys is made by maceration of digitalis, squill and juniper berries in wine and alcohol, and adding potassium acetate to the expressed liquid (*Jour. A. M. A.*, Feb. 23, 1918, p. 559).

Pyxol.—This is a proprietary preparation somewhat similar to the compound solution of cresol of the U. S. Pharmacopoeia. In 1915 Pyxol was declared misbranded under the Insecticide Act (*Jour. A. M. A.*, Feb. 23, 1918, p. 559).

Luminal.—Chemically, luminal is phenylethylbarbituric acid, and differs from veronal only in that one ethyl group is replaced by a phenyl group. Luminal is claimed to be a useful hypnotic in nervous insomnia and conditions of excitement of the nervous system (*Jour. A. M. A.*, Feb. 23, 1918, p. 559).

The Carrel-Dakin Wound Treatment.—From observations of the results of the treatment of wounds by the Carrel method, Wm. H. Welch is convinced that Carrel deserves credit for calling the attention of surgeons to the possibility of the sterilization of infected wounds by chemical means. The Carrel method actually accomplishes sterilization sufficiently for surgical purposes. The destruction of surface bacteria without injury to the body tissues is of primary importance (*Jour. A. M. A.*, Dec. 8, 1917, p. 1994).

Excerpts from Other Journals

PRINCIPAL CAUSES OF DEATH.

Census Bureau's Summary of Mortality Statistics for 1916.

According to a preliminary announcement with reference to mortality in 1916, issued by the Director of the Bureau of the Census, the "registration area," which contained approximately 70 per cent of the population of the entire United States, reported for that year 1,001,921 deaths. Of these deaths, nearly one-third were due to three causes—heart diseases, tuberculosis, and pneumonia—and nearly another third were charged to the following nine causes: Bright's disease and nephritis, cancer, apoplexy, diarrhea and enteritis, influenza, arterial diseases, diabetes, diphtheria, and typhoid fever.

Comparative Death Rates for 1916

(*Per* 100,000 *Population*)

Registration Area.

Heart diseases	159.4
Tuberculosis	141.6
Pneumonia	137.3
Bright's disease and nephritis	105.2
Cancer and other maliguaut tumors	81.8
Apoplexy	81.3
Diarrhea and enteritis	79.3
Influenza	26.4
Arterial diseases	23.9
Diabetes	17.0
Diphtheria and croup	14.5
Typhoid fever	13.3

Cancer and other malignant tumors caused 58,600 deaths in 1916 in the Registration Area. Of these, 22,480, or nearly 39 per cent, resulted from cancers of the stomach and liver. The death rate from cancer has risen from 63 per 100,000 in 1900 to 81.8 in 1916. (For the whole United States the cancer mortality is not less than 80,000 per annum.) The increase has been almost continuous, there having been but two years, 1906 and 1911, which showed a decline as compared with the year immediately preceding. It is possible that at least a part of this increase is due to more correct diagnoses and to greater care on the part of physicians in making reports to registration officials.

It is interesting to note from the Census announcement that "because of progress in the prevention and treatment of tuberculosis of all kinds, the decline in the tuberculosis death rate in recent years has been most pronounced, having fallen from 200.7 per 100,000 in 1904 to 141.6 in 1916, a decrease of nearly 30 per cent." This is indeed a gratifying result of education in that particular field, and should serve as a stimulus to those engaged in the campaign for the control of cancer.

Although the statistics indicate that cancer is on the increase, nevertheless, encouraging evidence is now available showing effects at the principal points of our educational activities. We are continually receiving reports from hospitals, clinics, and surgeons in private practice which indicate a steady increase in the number of patients seen in time for successful treatment of the actual disease, and a very marked increase in the number of those seeking advice about abnormal and what are admittedly precancerous conditions. It must be remembered that ten years of organized effort in the field of tuberculosis was necessary to effect a marked reduction in the death rate from that disease, and that what knowledge has done for tuberculosis, knowledge will do for cancer.—*Campaign Notes*, Feb. 15, 1918.

(Continued from Page 73)

cocele even after the most approved method in which after operation there is no swelling of the testicle or thrombosis of the vein.

I trust that all surgeons who read this warning will not operate for varicocele, except in cases in which the huge size of the vein disqualifies the applicant or registrant for military service, or disables the soldier from further military service. From my long experience, I am confident that the number of these cases will be very small.

Unfortunately, my observations on hernia and varicocele since my publication in 1899 cannot be given in the same exact figures. I have ceased to excise veins in operations for hernia, except in a few cases in older men, and rarely now operate for varicocele. I doubt if I average two cases a year. I have not observed a single case of atrophy, but I have observed about the same percentage of hydroceles.

—*Journal A. M. A.*

OLD-TIME PAWLET DOCTOR

Editor Sentinel: Will you kindly publish the following in your valuable paper: Lemuel Chipman, M.D., third son of Samuel Chipman, was born in Salisbury, Ct., July 25, 1754—died April 28, 1831. Having studied medicine and surgery he was assistant surgeon in the Continental army at the battle of Bennington. Later he successfully practiced his profession at Pawlet, Vt., and elsewhere. He and his brother Cyrus, M.D., moved to Pittstown, N. Y., in 1795, and in 1803 he and Oliver Phelps purchased that part of the "Holland Purchase" so called, which became the town of Sheldon, N. Y. He was a member of the Vermont legislature, 1788-93 (Hollister says eight years). A member of the convention by which the constitution of Vermont was adopted in 1793. He was the first president of the State Medical Society of Vermont, organized in 1796. He was assistant judge of Rutland County court, 1788-93. From the state of New York he was a member of the House of Representatives, a member of the Senate, a judge of Ontario County Court many years, and a presidential elector. He had eight brothers and sisters as follows: Samuel, born October 8, 1750; Hon. Nathaniel, LL.D., first United States senator from Vermont, born November 27, 1852; Lemuel, M.D. (Pawlet), born July 25, 1774 Darius, lawyer of Tinmouth and Rutland, born August 17, 1756; Hannah, born October 28, 1758 (married Job Spofford, Tinmouth, Vt.); Cyrus, M.D. (Pawlet), born December 3, 1761 (he married Anna, daughter of Col. William Fitch of Pawlet); Samuel, born Dec. 10, 1763 (lawyer of Vergennes, Vt.); Daniel, LL.D., born October 22, 1765 (first supreme judge of Vermont). About 1780 Lemuel married Assenatti (Sina for short), daughter of Col. William and Alethia Fitch of Pawlet. Their nine children were: Lemuel, jr., born 1782; Fitch, born 1785; Samuel, born May 5, 1786; Miranda, born June 26, 1789; Reeve, born April 9, 1791; Alpheus, born Sept. 5, 1793; Asenath Fitch, born September 1, 1796 (she married Dr. Cyrus Wells); David, born June 20, 1798; Alethia Wheeler, born 1800 (she married in 1817, Dr. Ephraim Warren Cheney.—From Chipmans of America, by Alberto Lee Chapman of Wythville, Va., kindly furnished by Edward C. Parmenter. The above has long been wanted by the Vermont State Medical society, and I ask that a copy of this be placed among the records in the office of the town clerk at Pawlet, Vt., and that H. L. Manchester, M.D., furnish the State Medical society with a copy, he being a member of the society.—M. C. Barden, West Pawlet, Vt., December 21, 1917.

March 19, 1918

Vermont Medicine,
52 Grove St.,
Rutland, Vt.

Gentlemen:

As you are aware there is urgent need for the country to use with the utmost care, our stocks of sugar, alcohol and glycerin. It has come to our attention through the work of Professor Wimmer of New York and Mr. F. A. Upsher Smith of St. Paul, Minn., that it is possible to reduce largely the amount of these materials used in medicines by the adoption of infusions, decoctions and solid forms of medication, such as capsules, in place of elixirs, syrups, fluid extracts and tinctures.

As the choice of medicine rests with the physician we feel that the extent to which this conservation program is successful rests largely with the physician and we urge upon physicians throughout the country the desirability of prescribing extemporaneously wherever possible.

It is really desirable that the editors of Pharmaceutical and Medical journals, Deans and Professors of Colleges, and Secretaries of State, County and City Associations should see that the matter is fully discussed at meetings of physicians and druggists and should do all within their power to assist this conservation movement, which cannot fail to be of material assistance to the country since "Food Will Win The War."

May we depend upon you for your active cooperation in this matter?

Yours very truly,

UNITED STATES FOOD ADMINISTRATION
Per Charles W. Merrill,
Division of Chemicals, Sisal and Jute.

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Original Papers

VICE-PRESIDENT'S ANNUAL ADDRESS READ AT BARRE, OCTOBER, 1917.

ANAEMIA

Dr. C. W. Howard, Shoreham, Vt.

It was a great surprise a year ago that I was chosen for this office when there were many better men available.

The traditions of this Society seem to require as a subject for this address some topic in general medicine. In conformity to this idea I have chosen for this short address a subject in which I am particularly interested: Anaemia. This paper will consist of observations of cases that I have seen and what I have learned from reading. Anaemia is a pathologic condition characterized either by a diminution in the quantity of the blood or a deficiency in one or more of its constituents.

I shall speak only of Simple and Pernicious Anaemia.

Simple Anaemia can be positively ascertained only by an examination of the blood. It may be inferred from the presence of pallor, languor, dyspnea, and palpitation, but it should be remembered that not every pale person has anaemia, since pallor of the face may be hereditary, and at the same time, consistent with good health. Conversely, a person with marked vascularity of the face, and a rosy complexion even, may have Anaemia.

The Anaemias embrace those conditions, also, in which there are changes in the shape of the red corpuscles, and in their size.

Simple Anaemia is often met with among the poorer classes, and from this fact it is probable that living or working in a vitiated atmosphere, as well as deficient sunlight and poor food, are primarily active in reducing the general health. There are also certain individuals in whom slight pallor has existed from infancy and whose mode of life and environment have been more or less hygienic. In such cases we may assume that there is some imperfection in the blood forming organs.

SYMPTOMS

There is some pallor often with languor, slight palpitation, dyspnea, headache, and a tendency to fatigue. The general health is not otherwise disturbed and an active life may be enjoyed for many years. Examination of the blood show a slight reduction of the red corpuscles and hemoglobin. It may be found to affect both males and females and is observed principally in adult life. The *diagnosis* of simple, benign, or constitutional anaemia should be

made with caution, and it should be arrived at only after the closest scrutiny of all the symptoms and signs and the most careful study of the data entering into the previous history of the patient. It there be a latent or incipient tuberculosis, carcinoma, or nephritis, a previous attack of some infectious fever, etc., this fact clearly bears on the case and the diagnosis of simple Anaemia is precluded.

The *prognosis* is usually favorable, but it must be clearly distinguished, on account of the possible existence of one of the above-mentioned diseases or from the fact that a grave variety of Anaemia may be superadded.

The *treatment* of simple Anaemia is an expectant one in most instances. A rigid system of hygiene, together with attention to proper food and drink and to the manner of eating and drinking will properly ensure to the patient all the benefits that may be obtained.

Progressive Pernicious Anaemia. This is a disease in which I am very much interested. This last year I have given it much study both from books and the symptoms that I found in my own case. The disease, as a rule, is exceedingly insidious in its onset, and it often has made considerable progress, that is, the blood is remarkably bad, when the patient first seeks medical advice. The initial manifestations are variable and permit of some grouping of the cases. (1) Gradually increasing weakness, especially upon exertion, with shortness of breath and palpitation of the heart, (2) Gastro-intestinal derangement, sore mouth, anorexia, nausea, vomiting, diarrhoea, or perhaps constipation, (3) general nervous irritability, loss of mental power, headache, at times vertigo and tinnitus, fainting, loss of the use of the muscles, especially of the muscles of the legs. In the course of time the symptoms become aggravated, the weakness and weariness increase, mental effort and concentration are not well sustained, and dyspnoea and palpitation of the heart become more marked. Hemorrhages may occur into the skin and visible mucous membranes. In the majority of cases nervousness becomes noticeable, such as numbness and tingling especially of the hands and fingers, in other cases symptoms of Locomotor Ataxia may occur; they may precede and ultimately become more marked than symptoms attributed directly to Anaemia; a depressive melancholia sometimes succeeds.

On examination the patient may present a general cutaneous pallor, such as may be encountered in any case of Anaemia, in other cases there is a characteristic waxy lemon yellow color of the skin; and in some cases there is a slight jaundice. The flesh is usually well preserved and there is often little loss of weight. As a rule there is an absence of physical signs, the heart is usually somewhat dilated; there may be murmurs over the heart, the pulse may be full but not well sustained, the blood pressure is usually low. Oedema of the legs and hands is common. The urine is usually pale and of a low specific gravity and in some cases it contains a little albumen, and perhaps a few casts. Fever occurs in about three-fourths of the cases, often 100 to 102 and some of the cases are below normal 95 and 96. The blood is usually pale, though sometimes dark and watery, and the scarcity of red corpuscles in the blood is distinctive of pernicious anaemia. The red cells are remarkably reduced, numbering often

2,000,000 or less. When the patient consults a physician there is ordinarily no decrease in the number of white corpuscles, on the contrary, they may be somewhat increased. The percentage of hemoglobin may be proportionate to the number of red corpuscles but it is more often increased so that the color index is nearly always relatively higher than that of the red globules.

Diagnosis: The diagnosis should be made more frequently than it is, and might readily be made by attention to Addison's statement that it is a disease "occurring without any recognizable cause whatever, where there has been no previous loss of blood, no exhausting diarrhoea, chlorosis, purpura, no renal, splenic, glandular, or malignant disease, and without any organic lesion that could properly or reasonably be assigned as an adequate cause of any serious consequences."

A characteristic of the disease is alternating periods of remission and relapses, which often succeed each other with considerable regularity.

In addition to the phenomena common to any severe anaemia the following are significant of pernicious anaemia. Severe causeless Anaemia in a middle-aged or elderly male subject, with little loss of weight, sore mouth, diarrhoea, an extraordinarily low red corpuscle count, that is, the patient's general good appearance is in noticeable contrast to the condition of his blood, and he is often able to continue at his work with a red corpuscle count of 1,000,000.

Gastric Carcinoma sometimes bears a more or less close resemblance to pernicious Anaemia.

Prognosis. The disease usually runs a fatal course in from one to three years, occasionally within a few months, rarely it continues for five or more years, with uncommonly long periods of remission. Death usually ensues from progressive increasing weakness, Oedema of the lungs.

Treatment. The essentials of treatment comprise prolonged rest both mental and physical, an abundance of fresh air and good nutritious and readily digested food especially milk and vegetables. Some authors recommend meat and eggs and others say only a small amount should be taken. The administration of arsenic and hydrochloric acid should be added to the treatment. Arsenic should be given cautiously, in gradually increasing doses to the point of toleration. Fowler's solution of arsenic or sodium cacodylate may be given. In some cases hypodermic administration has given good results. Hydrochloric acid is indicated on account of its lack but it is said to have also other beneficial effects. Particular attention should be given to the teeth and mouth, antiseptic mouth washes should be used. Red bone marrow was at one time used but has fallen into disuse, milk, cream, and butter taking its place.

Will close by citing two cases.

Case No. 1. A lady 50 years old had Anaemia. Some four years ago was treated by the local physician and so far recovered that she could do her house work, until a year ago when she had the same symptoms which increased rapidly until she could not walk across a room without resting. She did not improve under the former treatment. She saw another physician who gave her to understand that she was beyond help. Her blood count at that time was 2,670,000, she went home and the local physician began the use of hyperdermic injections into the muscular tissues, of Parke Davis & Co.'s Cacodylate of Soda, three grains, for three days in succession, then omit-

ted three days. She followed this treatment for some time, gradually increasing the time between the treatments. I saw her last week, she had discontinued the treatments and considered herself quite well.

The second case cited will be my own. I had always been in good health until the spring of 1893 when I noticed that I was more than usually fatigued on exertion, had ringing in the ears, palpitation and lack of breath if I walked fast. I did not give it much thought but took a vacation, and when I returned the symptoms mentioned had mostly disappeared, and soon disappeared altogether, after that I was in usual health for five years, when I overworked, had patients that I worried over, and the same symptoms returned and lasted for some time, or until the patients recovered. After this I enjoyed good health until one year ago last February, when I had what the physician who came in to see me called new grippe. I remained in bed several weeks but gradually recovered so that in June and July I could crank an automobile, visit patients and work in the garden without discomfort. In November I had a slight auto accident and my daughter fell and had a serious injury; I failed rapidly, no doubt from the nervous shock. At this time I was taking Fowler's solution and Hydrochloric acid but thought it best to have a blood count, therefore went to the hospital. At that time the ringing in my ears was so bad that it gave me severe pain in the back of the head on the slightest exertion and I could not walk but a short distance before the muscles of my legs would fail me and I would have to rest or if possible sit down. I find that any nervous shock or irritability if long continued affects my general health more than any other cause. At the hospital I was given a thorough examination and as far as I could learn my heart, liver, kidneys, pulse and blood pressure were normal or nearly so. The blood count was 1,500,000, and the temperature was 96 degrees Fahrenheit. I was given a treatment of Neosalvarsan in the arm with no bad effect until the next day, when I would be very deaf and have a peculiar buzzing in my head, but this did not last but two or three days and then disappeared. I took the treatment once in seven days but found that it gave me a diarrhoea, since that I have taken the treatment once in a while, now and then as I saw fit. I gradually improved, and my blood count was 4,000,000 and temperature 97 about a normal count for a person of my age. In the summer I could do light work.

In July I had shingles and lost weight, when I recovered and began to take on weight and to improve in health, until I am as you see me, able to walk short distances, run an automobile, and do a little light work.

We did not have the pleasure of hearing Dr. Howard's paper on Anaemia which appears in this issue and are consequently ignorant of what the discussion produced. It is now considered reasonably certain that Pernicious Anaemia is symptomatic and secondary, depending on the presence in the body of one or more foci of infection which elaborate the toxin that destroys the red cells. We considered the subject of local infection briefly in VERMONT MEDICINE for September 1917, and wish anew to emphasize the necessity of a careful investigation in all cases of adult Anaemia of those crypts and sinuses where these enemies have established their infection factories. [Ed.]

A three-hundred-pound man stood gazing longingly at the nice things displayed in a haberdasher's window for a marked-down sale. A friend stopped to inquire if he was thinking of buying shirts or pajamas.

"Gosh, no!" replied the fat man wistfully. "The only thing that fits me ready-made is a handkerchief."—*Harper's Magazine.*

SYMPTOMATOLOGY IN THE CHILD

Read Before the Burlington and Chittenden County Chemical Society, Jan. 1918.

C. K. JOHNSON, M. D., BURLINGTON, VT.

Specialization in all branches of medicine has greatly increased during the past few years. Pediatrics or the diagnosis and treatment of disease manifestations in early life, has kept pace with the other branches during this period. While the infant and child are subject to many of the same diseases as the adult there are a few diseases and conditions entirely different from those in the adult and even the same diseases present themselves in such a way that success with the adult does not necessarily mean success with the infant. Knowledge obtained solely from observations of normal and abnormal conditions in adults may be of comparatively little value in pediatrics owing to the marked difference of the normal standard. Conditions due to abnormal development are far more important in early life than later.

It is very easy to misinterpret our findings if we are not thoroughly familiar with the normal at a certain age. As I have just remarked, the physican in treating infants and children is soon confronted with disease manifestations and difficulties not encountered in adult practice. We must regard these little ones as incomplete throughout early life. We also find that manifestations that are normal at one age are quite different at another age. Let me here emphasize that rules for diagnosis and treatment in the adult are often valueless or misleading in practice with the young. We cannot always consider an infant a small adult and adjust treatment on this basis.

Special training in observation is extremely important as we must arrive at our diagnosis almost entirely by such observation and routine physical examination in each case. In fact the thing we most often miss is the one we failed to look for. When we train ourselves to be systematic and thorough the bugbear of pediatric practice will fast disappear. A careful history should always be obtained, especially securing details in any special line that seems important e. g., if there is evidence that the present condition is due to faulty feeding, make careful inquiry into the feeding history from birth, the condition of stools, etc.

The younger the child the greater the peculiarities from the adult.

Tact and patience are both very essential to successful pediatric practice. The physician may almost without exception obtain the child's confidence if he appreciates this special point of advantage and makes the effort.

With a little careful consideration, we can prescribe medicines that will appeal to the child's palate and there will not be the frequent fight to give the medicine, which struggle might more than offset any benefit derived from the medicine.

A little saccharine, a colored vehicle or a tablet made up with chocolate base are often of great assistance not only with the present sickness but with those to come.

How many of the physicians stop to consider how a prescription will look or taste?

Let me now consider some anatomical peculiarities that are important. 1. The

1st dorsal and not the 7th cervical spine is most prominent in infancy. This point might lead to a diagnostic error.

The Chest

Percussion if used must be very light, remembering that the chest walls are very thin.

Auscultation

The physician who has once become accustomed to the auscultation of the crying infant's lungs will not be much annoyed by the crying, the infant necessarily taking deep inspirations during the act.

I believe that the two most frequent mistakes in lung auscultation are, 1st being deceived by hearing what the physician considers good vesicular respiration through a thin pneumonic area, failing to compare with the opposite side, or by the use of a large phonendoscope that covers so much normal lung around a small consolidated area or localized ralls that the true condition is missed.

Abdominal palpitation may be seriously interfered with when the child is crying, so if the child is quiet in the beginning of the examination one may wisely palpate the abdomen first then proceeding with the usual examinations. At this time I might mention the fact that recent X-Ray work and autopsy studies have shown that what we formerly called central pneumonias and waited for physical signs are in reality mostly peripheral in the beginning, the bronchial element not being evident until the consolidation has extended inward to the larger bronchial tubes.

Again the frequency of the spasmodic or asthmatic element in the bronchitis of infants and young children must not be forgotten as at times this strongly simulates a true asthma.

Blood Vessels

The atheroma or aneurisms found in adults are practically never found in the young. Thrombosis may occur from the same causes as found in the adult. Embolism while it may occur is exceedingly rare.

I might here bring to your mind the marked improvement in the so-called hemorrhagic disease of the new born or hemophilia neonatorum, with the injections of whole blood or serum.

The Heart

In infancy the heart being placed in a somewhat narrow chest is higher, more horizontal and less covered by lung than in later childhood or in the adult.

The adult type of chest is reached at about the fourth or fifth year.

In the young infant owing to anatomical reasons the apex beat is higher and farther from the median line than in older children, being in the 4th interspace, outside the nipple line.

This position gradually goes downward reaching the 5th space by the 7th year.

The pulse rate should always be obtained if possible with the child asleep or quiet to be of value. Owing to the small size of the infant's heart it is not possible to determine accurately the area of absolute dullness. It is however easier to determine the area of relative dullness which is more important. The breadth of the heart is the most important point to determine. Let me here say a word regarding pyloric obstruction of the congenital type. This condition has taken a much more prominent place in pediatric literature during the

past few years, more cases being reported. This is no doubt due to its more frequent recognition rather than to more actual cases existing. The most important point here is that the cases be recognized early so that appropriate medical treatment may be instituted or that if surgical aid is needed that the surgeon may be called in early. Tenderness on pressure over the abdomen of a child can be better appreciated by watching the facial expression of the child during such examination, than by asking the child (if old enough) if it hurts.

Rectal examination may be of much value in abnormal abdominal or pelvic conditions and should be more often used.

In a suspicious appendix case a rectal examination should always be done.

The Reflexes

The abdominal and cremasteric reflex are not of much importance unless there is a difference on the two sides.

The Babinsky reflex is normal in infancy therefore of no importance.

The Kernig, Brudzinsky and contralateral are familiar to all of you.

Blood

The only point that seems worthy of special mention is the predominance of lymphocytes in early life which is the opposite from that found in the adult.

This means that in interpreting a differential count that the age should be taken into consideration.

The diagnosis of appendicitis has some peculiarities in the young. The typical symptoms of sudden onset, vomiting, pain, rigidity and localized tenderness may in many of them be absent.

At this time let me remind you that more than one case of pneumonia at the right base has been diagnosed as appendicitis and some of them even operated upon. A routine physical examination might have avoided this mistake.

A referred pain of this type may often be misleading as in the cases referred to or as we may have a pain referred to the abdomen from a spinal caries.

A positive Von Pirquet is of more value in the young infant than later.

Throat examinations are best left to the last part of your examination as this frequently causes the child to cry. Get accustomed to taking a rapid survey of the throat and get out quickly.

When there is fever, especially if not readily accounted for, and in all of the infectious diseases an aural examination should not be neglected, in fact a routine look at the ears is good practice.

The auditory canal being anatomically different in the infant it is necessary to pull the ear downward and a little forward for a good view of the drum, which at this age lies more horizontal.

We frequently see an infant or child with a persistent temperature and find it difficult to find the cause. This type of case has frequently been referred to as one of obscure fever. Certain important points must not be forgotten in these cases as the ear, the urine and the blood. Ear conditions often cause a temperature, and as I have already mentioned, ear examinations must always be made in cases with temperature not easily accounted for. The absence of evident signs of pain, as putting the hand to the ear and the cry, and tenderness over the mastoid will not exclude trouble in the ear.

A milky urine should at once cause suspicion of a pyelo-cystitis, due to the colon bacillus. A microscopic examination would show pus cells in these cases and we may obtain a sterile specimen for laboratory examination if needed.

I may well mention the recent use of the anterior fontanelle in infants for diagnostic and therapeutic uses.

We have found this avenue very useful in obtaining blood for Wasserman test, the introduction of salvarsan, the use of whole blood or blood serum in hemorrhage, the use of saline in diarrheas with much water loss, the use of soda in acidosis, etc.

In closing let me once more remind you that tact, patience, well trained observation and routine examination in each case are of special value in the practice of pediatrics and that your time spent in this direction will bring good returns.

In Memoriam

DR. EDWARD DYER ELLIS

Dr. Edward Dyer Ellis was born in Fair Haven, Vt., Aug. 31, 1850, the son of Judge Zenas C. and Sarah Dyer Ellis. After finishing his preparatory education at Kimball Union Academy in Meriden, N. H., he entered Middlebury College in 1869, from which he graduated in 1874. He then took up the study of medicine at Harvard Medical College graduating in 1877. After spending a year in Carney Hospital, Boston, Mass., he located in Poultney, Vt., where he died suddenly Jan. 26, 1918.

Dr. Ellis married Blanche Isabelle Ray October 21, 1885, and to them six children have been born. Three of these children died of diphtheria in one week during March, 1894. Of the three remaining, Rodney, a graduate of the University of Vermont and the Albany Law School, is employed in the First National Bank in Fair Haven, Vt., Zenas, a graduate of the University of Vermont, is studying medicine in the College of Medicine of the same institution, and Elizabeth is in Florida on account of her health.

Dr. Ellis traced his ancestry on his father's side back to Barnabas Ellis, one of the original grantees of the town of Claremont, N. H., in 1767. On his mother's side he was a direct descendant of Mary Dyer, who was hanged on Boston Common, June 1, 1660, by order of Gov. Endicott, for refusing to renounce Quakerism. It was a peculiar co-incidence that during his medical course Dr. Ellis roomed with a direct descendant of Gov. Endicott who had ordered the execution of his ancestor.

During his life in Poultney, Dr. Ellis had a large and successful practice and yet found time to conduct an extensive farm in Hampton, N. Y., and serve as director of the First National Bank of Poultney, and the First National Bank of Fair Haven, Vt. He spent much of his spare time in the study of literature, poetry and botany, which were his hobbies. He was a member of the State Medical Society and a charter member of the Rutland County Medical Society, having served both in official capacities.

A man of sound judgment, keen perception, and sterling character, he combined the qualities of a successful physician and an ideal citizen. Revered and respected by all who knew him his loss will be keenly felt.

Vermont Medicine

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Editorials

OUR SECONDARY FOODS.

Among the many stories that have been circulated throughout America with the possible motive of inducing us to relax or retard our war preparations through the fallacious belief that Germany's food and finance situation would shortly terminate her ability to continue the war, the news that she was manufacturing and distributing fake-foods in the form of artificial chemical tabloids and chopped straw was the story that caused the greatest amount of satisfaction over her desperate state. Probably very few of us who know anything of food values were deceived by these representations.

And yet the question of food was one of the very earliest factors here at home, to bring before us the fact that we too are at war, and as in the Central Empires extensive experiments and researches have doubtless assisted in introducing into general use various foods whose value for nutriment had been previously disregarded, so we also have had impressed upon us a fact that we have always known and always neglected, viz., that rye and oats have almost exactly the same food value with wheat. Rice is the staple food of millions of men. Japan and China depend almost entirely on it for sustenance as the Irish depend on potatoes and as the Scots continue to subsist mainly upon their ancient and ancestral pabulum, oats. We can easily ship across the ocean all the wheat we grow and find ample nourishment in our subsidiary cereal supplies, of which corn is in itself adequate for all purposes of food. The accompanying table expresses approximately the relative values of these best-known cereals:

	Water	Protein	Carbohyd.	Fat
Wheat	10.6	12.2	73.7	1.7
Rye	10.5	12.2	73.9	1.5
Oats	11	11.8	69.2	5
Corn	10.8	10	73.4	4.3
Rice	12	8	77	2

The value of nuts for food has long been known, and yet as compared with potatoes and beans has not as yet received the attention it merits.

	Water	Protein	Carbohyd.	Fat
Potatoes	78.3	2.2	14.8	.1
Beans	58.9	9.4	29.1	.6
Cocoanut	3.5	6.3	31.5	57.4
Chestnuts	5.9	10.7	74.2	—
Walnuts	2.5	16.6	18.1	63.4
Peanuts	9.2	27.8	22.4	38.6

It is estimated that the 1917 crop of peanuts in Alabama alone amounted to 200,000 tons, which would furnish 300,000,000 days' rations of 2,500 calories each, and would supply a million men with food for a year. Peanuts have never risen to the dignity of figuring among our food supplies, but that is not surprising when we consider that fish continues to be eaten for penance—rather than for sustenance. The despised Goober nut will some day come into its own.

And of fruit what shall we say? In our early days fruit was never considered a food. Fruit was merely an incentive to theft and the parent of indigestion. If not a bad habit it was certainly a weakness, and was punished in a way that it is no longer becoming for us to remember. Now, however, it turns out that fruit is actually nourishing and that of all fruits the exotic banana has merits that have long lain concealed but which when disclosed cause the banana to take a very high food-rating indeed. Here is how it compares with the potato:

	Water	Protein	Carbohyd.	Fat
Potato	78.3	2.2	14.8	.1
Banana	75.3	1.3	22	.6

In calories per pound the banana has 460 as against 385. In fact the banana surpasses in food value all other fruits, all fish except halibut and all vegetables except peas and lima beans. Moreover, there is no food on the list so easily and so quickly digested as the banana, provided it is eaten at its period of perfect ripeness, when the starch is converted into sugar as attested by the discoloration of the outer envelope or skin. A condensed table of the digestibility of different foods shows the various periods occupied in their digestion:

	hrs.
Bananas	1½
Oatmeal	3½
Beans (string)	2⅓
Green peas	2⅓
Boiled potatoes	3⅓
Roast beef	3¼
Roast mutton	3
Roast pork	5¼
Soft-boiled eggs	3⅓
Fish	3-4
Apples	2⅓
Oranges	2½
Nuts	4

We have mentioned only a few of our subsidiary or residual food supplies. With these facts before us there is not much sacrifice involved in our sending to our allies abroad all the wheat and all the meat that we produce. They are but the crumbs that fall from our table and our generosity must be evinced in much more intimate and subtle terms before we can begin to feel that we are taking on our own shoulders the due weight of our obligations to our allies abroad. These obligations cannot be comprehended in terms of food, and the present slogan that food will win the war is misleading in so far as it obscures

higher claims and more urgent demands. The conservation of food is but a step. Let us take it without hysterical and vociferous egotism, remembering that it is but one of the many steps that lead to our goal.

WAR LESSONS.

We have followed with increasing interest and anxiety the various phases of the venereal crisis in our army and in those of the different belligerents during the war. Everywhere we find the same prevalent menace, and everywhere the same inability to attack and dispel it. This is true of all the warring nations. During the first two years and a half of war Austria had 1,500,000 soldiers under treatment for venereal disease. It is said that Germany during the first year and a half of war had more men in her venereal hospitals than were available for duty at the front. This is one of the facets of war that does not meet every eye, but it must be considered. During the past year the majority of our States passed laws for the "relief or prevention" or "registry" of cases of venereal disease. We have no purpose of collating and reviewing them because they are all perfectly and entirely useless. They are even worse than useless since they promise a delusive relief and thus befool our consciences to our undoing.

It is becoming more evident daily that the matter of general quarantine and of quarantine of individual cases of infectious disease, must come up soon for reconsideration, and when that time arrives we wish to be heard on the section which shall discuss the question of quarantine of all venereal diseases—absolute isolation during the period of active liability to impart the disease. Advise them, of course, as much as you please, register them by all means, and do not fail to send them daily little homilies and tracts upon the loathsome consequences of their disease—these things are all very nice, but *shut them up until the danger is over.* Male or female, shut them in. And this too without passing any moral condemnation on them, simply as a cold purpose to preserve the community from infection. It is perfect folly to plead and beg the municipalities, bounding upon the areas of our temporary instruction camps, to aid in suppressing resorts which make a specialty of these venereal souvenirs. They can be and should be suppressed by that kind of law which prevails in all military camps. If Philadelphia, the city of sisterly love, refuses to safeguard the training camps located there, Philadelphia can be compelled to a proper conformity or the camps will be removed, and such a removal for such a cause will leave a mark on her cheek such as was once impressed by the heated brand of the public executioner. If once our people become fully awakened to the frightful enormity of these diseases and to the very simple way in which this terrible problem can be solved, it does not seem as if the solution could long remain unapplied.

And what is true of the soldiers and of the training camps and of foreign service and of the war, is just as true in peace time, and applies to the whole population. Our knowledge of the resources of the English language does not extend to such words, if such exist, as would exaggerate the peril that the future holds for us in the event of our being subdued under the hideous laws of either of our two barbarous enemies—Teutonism or syphilis, and it would be a magnifi-

(Continued on Page 101)

Secretary's Page

POST GRADUATE MEETINGS.

The state officers feel pleased with the early response on the part of the county societies toward the arrangements which have been completed and which were published last month. Under these auspices, three calls were made upon the committee in March, one from Addison County for Dr. Jenne on Dietetic and Economic Value of Foods; one from Bennington County March 27th for Dr. Buttles and Prof. Burke, on Urine Analysis; and one from Caledonia County on March 21st for Dr. Pease on the Carrel-Dakin Treatment of Wounds. This program of meetings contains great possibilities, and already is of sufficient importance to have obtained the interest of the State Board of Education. The counties are reminded once more that these speakers are ready to attend county meetings at any time and without expense to the counties themselves. Communication concerning this matter should be addressed to Dr. Marvin, Essex Junction, and reference is made to the list of speakers as published in the March issue of VERMONT MEDICINE, pages 61 and 63.

Caledonia County Society has passed a resolution at the last meeting that none of the members should be dropped for non-payment of dues while in the service of the Army or Navy during the present duration of war.

W. G. R.

NIMS VS. EASTWOOD,

Just as this issue goes to press a verdict has been reported by the jury in the suit of Nims vs. Eastwood for malpractice in the setting of a fractured femur of the plaintiff by the defendant.

J. C. Jones of Rutland and John S. Buttles of Brandon were the attorneys for the prosecution, and Warren R. Austin of Burlington and Frank W. Williams of Brandon for the defendant.

The medical witnesses were, for the plaintiff, Dr. E. M. Pond and Dr. C. F. Ball of Rutland, Dr. E. F. Cray of Brandon; for the defendant, Dr. S. W. Hammond, Dr. C. A. Gale, Dr. A. H. Bellerose and Dr. J. M. Hamilton of Rutland, Dr. J. M. Jenne and Dr. Henry C. Tinkham of Burlington, Dr. W. N. Bryant of Ludlow, and Dr. Geo. R. Anderson and Dr. C. R. Aldrich of Brattleboro.

After a short deliberation the jury arrived at a verdict for the defendant, sealed it and delivered it this morning (April 17th) on the convening of court.

There is much reason for congratulation in the fact that such a verdict was given because it was clearly in accord with justice.

AUXILIARY MEDICAL DEFENSE COMMITTEE

An urgent appeal was wired from Washington April 13th, for several thousand more medical officers for the Army and Navy.

Immediate action is requested of all committees and of all county societies so that Vermont's quota may be filled.

The doctor that can well be spared but refuses to enroll and asks "What's the hurry"? is probably unintentionally giving good comfort to the Kaiser.

Communication

Treasury Department, United States Public Health Service, Washington, April 5, 1918.

The Editor VERMONT MEDICINE,

Dear Sir:—In view of the reports in current medical literature of untoward results from the use of arsphenamine and neo-arsphenamine, I have to request that you give publicity to the statement that it is requested that samples of any lots of these arsenicals which have shown undue toxicity be forwarded to the Hygienic Laboratory for examination.

In sending these samples it should be ascertained that the lot number is the same as that of the ampoules used on patients. The samples sent should, if possible, be accompanied by a brief note stating the approximate body weight and age of the patient, the dose and dilution of the drug given, the symptoms and result; that is, whether fatal or not.

Respectfully,
G. W. McCOY, Director.

News Notes

Dr. Daniel H. Calder, U. V. M. '95, is a specialist in neurology and psychiatry at Pasadena, Cal., and a lecturer on these subjects in the University of Southern California.

Dr. F. J. Ennis, has resumed his duties as health officer for Burlington after an absence of a few weeks. Doctor Ennis received his commission as first lieutenant in the medical corps and was examined at Fort Ethan Allen. These examinations he passed successfully and he also passed the physical examination before the board of registration. He was then ordered to Fort Oglethorpe, Ga., where he was accepted, although his heart was not quite up to the standard. His papers were sent on to Washington and the authorities there rejected him.

VACCINE VIRUS

Propagation and Sale in Interstate Traffic of Vaccine Virus on or With Points Prohibited.

Under the provisions of section 4 of the act of July 1, 1902, paragraph 29 of the Regulations for the Sale of Viruses, Serums, Toxins and Analogous Products in the District of Columbia and in Inter-state Traffic, has been amended to read as follows:

29. The propagation and sale in interstate traffic of vaccine virus on or with "points" are hereby prohibited. Vaccine virus shall be furnished only in glass capillary tubes or in other glass containers.

MODESTY A VIRTUE

Mrs. Uppish, who had social aspirations not yet attained, decided to get a colored butler. George, a clean, well-brought-up boy, applied for the position. Mrs. Uppish proceeded to make a critical examination as to George's capabilities and fitness for the position with special reference to cleanliness. She examined his head suspecting that woolly scalp might harbor pediculi capitis. She critically inspected his hands, his finger nails and his clothing.

"Now, George, I want to see your testimonials."

"Well, sir," said George, recounting his experiences, "by this time ah had got so goldarn flustrated I couldn't stand no mo' and ah lef' that place so sudden ah fo'got mah hat; an' mo'over, ah ain't goin' back foh it neither."

—*Journal A. M. A.*

From the County Societies

RUTLAND COUNTY MEDICAL AND SURGICAL SOCIETY.

At the regular quarterly meeting of the Rutland County Medical and Surgical Society, held at Rutland Hospital, April 16th, Dr. G. E. Parkhurst of Fair Haven, Vice-President, in the chair, it was voted to pay to the Treasurer of the State Society the current unpaid dues of all members in active service in the army or navy.

The first number on the Post-Graduate work planned by the Executive Committee was omitted, as Dr. C. A. Pease, who was to address the Society on "The Carrel-Dakin Treatment of Wounds" was unavoidably detained at Burlington.

Dr. C. F. Dalton, Secretary of the State Board of Health, spoke—and very practically too—on the "Management of Epidemics." Dr. Dalton emphasized the necessity as a war measure of reporting all cases of contagious diseases. He especially mentioned pneumonia as most of the physicians seem to have forgotten that this disease is one of those listed for reporting by the State Board of Health, and those failing to report are subject to prosecution.

The Society named as its own committee on medical military matters the members of the Auxiliary Medical Defense Committee for Rutland County already named by the Vermont State Committee of National Defense, Medical Section. This county committee consists of Drs. J. J. Derven, Poultney, J. W. Estabrook, Brandon, C. E. Griffin, Fair Haven, C. B. Ross, West Rutland, and H. R. Ryan, Rutland.

The 1918 Roster

The Annual Roster of the Vermont State Medical Society should have appeared in this issue, but as the Secretary-Treasurers of two county societies are delinquent in making their returns, such a roster would be very incomplete and unsatisfactory at this time.

Therefore the Secretary of the Society and the Staff of VERMONT MEDICINE decided to withhold the publication for one month.

County Secretaries should now make a special effort to have every name reported not later than April 25th.

In the meantime several of the County Societies will hold meetings and be able to arrange for the payment of dues of members now in the service.

These men are not only risking their lives but are giving more freely of their means than any of us at home and we should deem it an honor to keep their names on the active lists of our societies, while they remain in service, without further payment of dues.

When meetings are not to be held authorization papers can be signed by a majority of members that would permit the Secretary to remit to Dr. Marvin, the Treasurer of the State Society, before April 25th $4.00 for each member in the service whose dues are not already paid. Or, better yet, special meetings can be called, for this purpose alone.

J. M. H.

They Got It All—Archbishop Magee of New York, after staying at a hotel, had an extortionate bill presented to him by his host, who, after receiving payment, solicitously inquired if his lordship had enjoyed the change and rest.

"No, I have had neither," replied the archbishop; "the waiter had the change, and you've had the rest."—*Argonaut.*

The War

Honor Roll of Vermont Physicians in the Service of their Country.

Majors

Thos. J. Hagan, M.C., 1st Vermont Inf., Camp Greene, Charlotte, S. C.
William Stickney, Chief of Surgical Section, Base Hospital, Camp Upton.
Edward A. Tobin, Plattsburg Barracks.
Wm. Warren Townsend, Duty, Hoboken, N. J.

Captains

Geo. Lucien Bates, Camp Dodge.
Nathan Renwick Caldwell, Fort Oglethorpe.
Geo. E. Chamberlain, So. Newbury, Vt., physically disabled.
Nicholas James Delehanty, inactive list.
Frederick Elsworth Clark, Hoboken, N. J.
Alan D. Finlayson, Camp Joseph E. Johnston.
Harry Leslie Frost, Orthopedic Surgeon, Camp Devens.
Frank Leslie Gilbert, in France.
Henry Chester Jackson, Fort Riley.
Horatio Nelson Jackson, Senior Instructor, Medical Officers' Class, Camp Mead.
Charles Emerson Libbey, Camp Taylor
Geo. Guerin Marshall, Balboa Heights, Panama.
Seth Hunter Martin, Camp Greene, Charlotte, S. C.
Wm. Hayes Mitchell, Ft. Ethan Allen.
Edward Francis Murray, Fort Oglethorpe.
Thomas Rice, Camp Lee.
William Reynolds Patton, inactive list.
Geo. Roberts, Base Hospital, Fort Oglethorpe.
Herbert Wellington Taylor, in France.
Emmus G. Twitchell, Fort Oglethorpe.

Lieutenants

Geo. Albert Alden, no report.
Fred Noble Aldrich, in France.
Frank C. Angell, Fort Oglethorpe (Duty).
Robert Oscar Blood, no report.
Windsor DeForest Bowen, Base Hospital, Camp Upton.
Percy Erastus Buck, Newport News, Va.
Arthur Washington Burnham, no report.
John Marie Caisse, Swanton, Fort Oglethorpe.
Luther John Callahan, Camp Upton.
Mitchell D. Carey, Fort Oglethorpe.
Charles Porter Chandler, Fort Benjamin Harrison.
Joseph A. Ciminera, Fort Oglethorpe.
Bernie Dennis Colby, Sudbury, Fort Oglethorpe.
Sherwin Aldrich Cootey, Wallingford, Fort Oglethorpe.
Albion Arthur Cross, Fort Oglethorpe.
Julius E. Dewey, Camp Sherman.
Frank Henry Everett, Camp Hancock.
Edward V. Farrell, Danby, Base Hospital, Camp Upton.
Willis B. Fitch, St. Johnsbury, inactive list.
Rowley S. Flagg, Fort Oglethorpe.
Chas. F. Flemming, inactive list.
William Arthur Flood, Fort Oglethorpe.
Ermin Morton Gardinier, Bennington, inactive list.
Victor Patrick Genge, in France.
Bert D. George, Fort Oglethorpe.
Stewart Louis Goodrich, Fort Porter.
Albert Joseph Greenwood, no report.
Herbert Bill Hanson, Chicago.
John W. Harvey, Camp Dix.
Byron Harry Herman, St. Albans.
Frederick W. Harriman, Fort Oglethorpe.
Anselme Ephrem Houle, Camp Mead.
William Orrin Hutchinson, Washington, Fort Oglethorpe.
Roy Chase Jackson, inactive list.
John P. Kerrigan, Ludlow, inactive list.
Albert Clark Kinney, Army Medical School, Washington.
Arthur Leo Larner, San Antonio, Texas.
Geo. Eugene Latour, Camp Custer, Battle Creek, Mich.
Casper Sylvester Leach, no report.
James L. Lovejoy, Fort Oglethorpe.
Robert Leland Maynard, Base Hospital No. 116, New York City.
Louis F. McCarthy, Fort Monroe.
Donald Guy McIvor, Swanton, inactive list.

Walter Franklin McKenzie, Camp Vail, Little Silver, N. J.
JOHN C. MURPHY, died in service, Ft. Ethan Allen.
Harold Stearns Peck, in France.
Douglas James Roberts, Instructor in Roentgenology, Cornell Medical College.
Leonard Blake Rowe, Fort Oglethorpe.
George Clark Rublee, Base Hospital, Camp Upton.
Geo. Albert Russell, 19th Cavalry, Ft. Ethan Allen.
Dennis J. Sheehan, Fort Oglethorpe.
Chester Lewis Smart, Fort Oglethorpe.
Ray Ernest Smith, in France.
Henry E. Somers, Orthopedic Surgery, Garden City, L. I.
Henry Eugene St. Antoine, Jamaica Plain, Mass.
John Patrick Tierney, St. Johnsbury, inactive list.
John David Thomas, Camp Devens.
Ray Brown Thomas, Williamsbridge, N. Y.
Henry Latimer Tillotson, Groton, Vt., inactive list.
Joseph Arthur Wark, Barre, inactive list.
William Godfrey Watt, Vergennes, inactive list.
Henry Reuben Weston, Base Hospital, Camp Lee.
John B. Wheeler, Burlington, Advisor to Governor of Vermont.
William Henry White, North Troy, inactive list.
Rollin D. Worden, Camp Sherman.

Honorably Discharged on Account of Physical Disability

Lieut. Francis J. Eunis.
Lieut. Waldo R. Harkness.

Navy

Bertrand Fletcher Andrews, no report.
Lieut. Edward A. Crofutt.
Lieut. Frederick Henry Gebhardt, Naval Training Station, Newport, R. I.
Ransom H. Holcomb.
John Dowd Lane.
Leland McKinlay.
Charles Edward Morse.

Capitals indicate, died in service.
Italics, serving "overseas."
Information is requested that this roll may be kept as nearly correct as possible.

NEW APPEAL TO PHYSICIANS TO ENROLL FOR WAR SERVICE.

Number of Calls to Active Duty of Members of Medical Corps Is Increasing.

Dr. Franklin Martin, chairman of the General Medical Board of the Council of National Defense, has issued the following statement:

Increase in the number of calls to active duty of the members in the Medical Reserve Corps indicates need of enrolling physicians as new members, and the General Medical Board of the Council of National Defense is co-operating with the Surgeon General's Office in sending a new appeal to the medical profession.

There were (March 1) 144,869 physicians in the 48 States and District of Columbia. The Surgeon General's report for March 22 gives a total of 18,138 officers in the Medical Reserve Corps, and of these 14,911 are on active duty. Weekly reports indicate that the officers are being called to active duty in greater numbers than they are being admitted to the Reserve Corps.

22,309 *Recommended.*

When the declaration of war demonstrated that there would be great need for physicians, the General Medical Board of the Council of National Defense began to secure data regarding physicians throughout the country. In all, 22,309 doctors have been recom-

mended by the Surgeon General to the Adjutant General's Office for commissions in the Medical Reserve Corps—15 per cent of the doctors of the country.

In addition to the members of the Medical Reserve Corps who are called to active duty, others for various reasons—illness, accident, or other unforeseen contingency—are obliged to leave the service. So the margin is constantly being drawn upon, and the need of new members is indicated, as the Surgeon General and the Council of National Defense are desirous of having a safe margin maintained at all times.

Should Not Relinquish Practice

Physicians who enroll are advised and urged not to relinquish their practice until informed by the Surgeon General's Office that they are soon to be called to active service. It has been the policy of the Surgeon General's Office to allow 15 days, in order that a physician may adjust his affairs, between the time that he receives his orders and the date on which he will be expected to report.

In order to acquaint the medical profession with the great need of physicians and surgeons for work in connection with the war representatives are being sent to various parts of the country, and will continue to be sent as needed. These representatives are addressing meetings of the doctors called by their State committees, who are co-operating with Washington.—*The Official Bulletin*, April 2, 1918.

HIGHER MEDICAL RANKS.

It is difficult to understand the contention of the War Department that creating higher ranks in the Medical Corps would "disturb line grades." The bill does not provide that the medical officer of any unit will rank the commanding officer. Its provisions are that there shall be inspecting officers of such rank that they may order such sanitary conditions or other regulations as they deem essential to the health of a unit or a camp. In civilian life "doctor's orders" always go, but in the Army, as experience has often shown, the major surgeon's strongest urging may be unpersuasive to the colonel. As long as proposed sanitary regulations are merely recommendations, unless the major surgeon risks friction by appealing to the Surgeon-General, who cannot attend promptly to conditions in every camp, so long may the obstinacy of a colonel permit bad conditions to continue.

This actually happened in many instances during the Spanish-American War. There have also been some avoidable fatalities at the present cantonments because base hospitals were not constructed at the proper time and because of crowding which medical men of the proper rank close at hand would have prevented. The Navy Department has already recognized the need of higher rank for medical men and Congress quickly responded. One of the reasons, not as important as the others but still worthy attention, is that higher medical ranks are common in the European armies and navies. It was to put Pershing on a level with his European associates that he was given the rank of general, against American traditions, and the rank of admiral was likewise revived. The Army surgeons are entitled to the same courtesy, even if there were not more important reasons.—*St. Louis Globe-Democrat.*

Book Reviews

In 1911 the Case system, which was introduced nearly a generation ago in the study of law, was applied by Dr. Cabot to the teaching of medicine. The first edition of his Differential Diagnosis was a great step toward the creation of a system of diagnosis in medicine. That work had an immense popularity, and was followed three years later by a second volume, which has now gone into a new edition with valuable additions. It is probable that the earlier volume has long been studied with profit by the great majority of Vermont physicians and it is in their interest to say that the new volume fully sustains the great merit of its predecessor.

The cases given illustrate, as we said above, a new system of grouping which consists in the consideration of the "presenting" or most prominent symptom and the grouping of all subordinate symptoms about it as a center. Each section of the book is preceded by a general presentment and valuation of all the conditions that present this prominent symptom which comes up for consideration in the cases given. The chapters on "Abdominal and Other Tumors," on "Vertigo," "Fainting," "Pallor" and "Dyspepsia" are of especial value and render invaluable assistance in the study of these conditions.

It seems almost ungracious when we consider the general excellence of the book, to call attention to some of the trivial errors that we note in perusing it, but when the author speaks of "an unoccupied girl of eighteen," he manifestly means "an unemployed girl," and we must insist on the impropriety of calling an intracranial growth, an "intercranial" one. *Inter* and *intra* have perfectly distinct and well understood meanings and must not be confounded.

But these are almost too trivial and unimportant to be specified. The work itself is admirable, interestingly written and enlightening, and every physician should own it and study it.

("Differential Diagnosis," Vol. II, by Dr. Richard C. Cabot of the Harvard Medical School. Published by W. B. Saunders Co., New York, 1918.)

A. S. M. C.

"New and Non-official Remedies, 1918," containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on Jan 1, 1918. Cloth. Price, postpaid, $1. Pp. 452 + 26. Chicago: American Medical Association, 1918.

This book lists and describes the proprietary remedies which the Council on Pharmacy and Chemistry has examined and found to conform to its rules for acceptance and publication in New and Non-official Remedies. It also describes the newer non-proprietary and unofficial medicaments which, in the opinion of the Council, give promise of having some real therapeutic value. The description of each article aims to give a statement of its pharmacologic actions, its therapeutic uses, with dosage, the physical and chemical properties, and tests for controlling its identity and purity. Articles of similar composition are grouped together. In most cases each group is preceded by a general article which compares the composition and actions of the members of a group with each other and with the established drugs they are intended to supplant. Those who desire trustworthy information in regard to the newer drugs should have a copy of this annual.

"Annual Reprint of the Reports of the Council on Pharmacy and Chemistry of the American Medical Association for 1917." Cloth. Price, postpaid, 50 cents. Pp. 169. Chicago: American Medical Association, 1918.

This volume contains the reports of the Council which were adopted and authorized for publication during 1917. These Council Reports discuss the articles which were examined and found to be in conflict with the rules for admission to New and Non-official Remedies. It also explains why certain preparations, included in the last edition of New and Non-official Remedies, have been omitted from the present 1918 edition. Those who wish to be informed in regard to proprietary remedies should have the annual Council Reports in addition to New and Non-official Remedies.

HEALTH INSURANCE

Because of the Present Interest in Compulsory Health Insurance we are Printing Complete a Circular Issued by the Chicago Medical Society. The Chicago Medical Society Opposes Health Insurance.

(NOTE—Mr. Lies' letter and the reply of the Chicago Medical Society were published in a recent issue of the Medical Economist, Brooklyn, New York.)

A LETTER

Eugene T. Lies, superintendent United Charities, Chicago, addressed an open letter to the Committee on Social or Health Insurance of the Chicago Medical Society, which is herewith summarized by numbered paragraphs:

Paragraph 1 enumerates five state federations of labor and eight international labor unions that have endorsed Compulsory Health Insurance.

Paragraph 2 cites the names of several physicians of more or less prominence who are said to be favorable to the Compulsory Health plan.

Paragraph 3 is devoted to an attempt to show that sickness is caused by poverty.

Paragraph 4 questions a statement by the Chicago Committee that prohibition will materially improve the lot of the poorer classes.

Paragraph 5 quotes Dr. Zacher of Leipzig in support of the contention that health insurance is a success in Germany.

Paragraph 6 attempts to show that Compulsory Health Insurance will reduce poverty.

Paragraph 7 deals with the claim frequently made that the German plan if placed in effect in this country "would stop scientific progress in medical research as it has in Europe."

Paragraph 8 discusses the probable effect of the system in pauperizing the people.

Paragraph 9 is devoted to a discussion of the abuses of dispensary medical service.

Paragraph 10 is a continuation of the same discussion with special reference to conditions in Chicago.

Paragraph 11 resents what the author considers a slur upon associated charities and kindred organizations, and denies that "the administration of such funds costs over half the fund."

Paragraph 13 deprecates the publication of the adverse report on health insurance by the Chicago Medical Society, to which Dr. Lies' letter is intended as a reply, and predicts that health insurance "is bound to come in the United States in the near future."

THE REPLY

Chicago Medical Society,
25 East Washington Street, Chicago.

Answering the criticism by Mr. Lies of the United Charities we submit the following rejoinder:

Paragraph 1. It is a well known fact that in the passage of resolutions by large bodies of men that such resolutions often do not actually represent the convictions of the mass of the members in whose name they are passed, but rather the private opinions of one or two persons or of a small committee. As long as the American Federation of Labor is so strongly opposed to compulsory health insurance, it is not hitting far from the mark to say labor is opposed to it.

A gentleman present at the recent New York Conference on compulsory health insurance after hearing all the papers, expressed himself in the following words: "Labor seems opposed; the employers seem opposed; physicians seem opposed, and only the theorists and reformers seem in favor of it, and even they do not seem to know just exactly what they want." We feel that the above quotation states the matter as concisely as anyone can express it at the present time.

Paragraph 2. The physicians mentioned in your communication are credited as being in favor of health insurance, but we wonder that it has not occurred to you that they do not represent the general medical profession, but instead can be classified in three divisions. First: the contract practitioners, whose opinions naturally would be biased; second, men who have absolutely no experience in general practice, such as newspaper practitioners, at least one of the men mentioned has had practically no experience in the treatment of disease; third, specialists who have been so long out of general practice that they are not in touch with general medicine and even some of them, we are told, are beginning to see the light and have reversed their former written convictions (see letter of Alexander Lambert, last paragraph of this reply).

If you could attend some of the meetings which the members of this committee have attended and see with what unanimity the phy-

sicians pass resolutions to oppose the passage of compulsory health insurance laws, we think you would agree that our statement is not far out of the way.

Paragraph 3. That poverty is the cause of sickness and not sickness the cause of poverty we still maintain is absolutely true, with the exception of the individual case, which happens not to be in question. Less than 3 per cent. of time lost in America from sickness by actual statistics cannot argue that sickness is the cause of poverty. The assumption by individuals that sickness is the cause of their poverty when the real underlying causes, such as shiftlessness, improper living and extravagant expenditures of money for luxuries and non-essentials cannot be accepted as evidence.

The fundamental needs of the poor as referred to in the report of the Fabian Society are essentially want of sufficient wage, want of nourishment, want of warm clothing, want of proper housing and want of rest.

Paragraph 4. That prohibition is a large factor is self evident. It was proven in 1905 that there was more money spent for alcoholic drink than for groceries and meats in the city of Chicago. The effect of alcoholism in the city of London, where one-fifth of the deaths were due either directly or indirectly to this cause, cannot be overlooked.

For more convincing argument we refer to Kansas where prohibition has worked out most effectively of any of the States. Poverty there has almost reached the vanishing point. Kansas now has the lowest death rate and the highest amount of money per capita of any State in the Union.

Paragraph 5. Health insurance is not working out satisfactorily in either Germany or England in spite of Dr. Zacher's statement. The statement is misleading, in fact it does not and cannot take into consideration all of the elements, such as military supervision, and as reliable statistics as we can get in the United States, which we admit lack discrimination, the longevity of every community where we are able to get statistics (Baltimore, Boston) show that we exceed those of Germany under our present system.

The statement that it increases longevity taken from statistics of Dr. Zacher and referred to by Mr. Miles M. Dawson before the Congressional Committee on Social Insurance that the length of life of the German people from the period 1870-1900 has been increased from 36-48 years is not true, and statistics do not bear him out. According to Frederick L. Hoffman, the most reliable statistician in America, if not in the world, who says as a matter of fact the alleged increase of twelve years in the longevity of the German male adult population under health insurance, and longevity in consequence thereof, is a thoroughly misleading statistical assumption and contrary to the facts of the German official life table correctly interpreted in conformity to qualified statistical and actuarial judgment.

At the present time the white male expectation of life at age of 30 in the United States is 34.87 years against 34.55 years in Germany. At the age of 70 when the reasonable effects of progress in industrial conditions and public health should be most perceptible, the white male expectancy of life in the United States without social insurance is 8.83 years against 7.90 years in Germany notwithstanding many years of compulsory health insurance experience.

According to Prof. Ludwig Bernhard, professor of economy, University of Berlin, many diseases or disorders have sprung up since the advent of social insurance such as pension hysteria, pension neurasthenia and pension hypochondria. All of those are now quite frequently met with in German medical practice.

We observe that certain of the insured are no longer as much interested as formerly in the quickest possible recovery; that after a wound has healed, the subjective trouble often continues for a comparatively long time. Since the enactment of the workmen's compensation insurance the co-operation of the insured has been wanting. The hearty co-operation for quick recovery which we note in now insured patients diminishes considerably in this class of cases. In spite of the improvement in healing methods the prospect of recovery seems to be growing worse. Sixty per cent. of all cases that come before the Industrial Commission in Germany are for the determination of continued benefits on account of malingering. This is true in England and is also true before the Industrial Commission in Illinois under the Workman's Compensation Act.

Paragraph 6. The statement that it will not decrease poverty is true, because the employer in order to keep his assessments low, will carefully choose his employes, selecting only the healthy and excluding the others by medical examination and therefore there will be a strong

tendency to the formation of a large permanent pauper class.

Because under all the schemes for compulsory health insurance as yet proposed, the persons most needing the insurance will not get it, those who are out of work except on account of illness, longer than the extension of one week for each four weeks during the previous twenty-six weeks of paid-up assessments, those who are unable to get into the voluntary insurance societies because they are unable to pass the medical examination, those who are not insured because they are unable to get work on account of their age, alcoholism, shiftlessness, general incompetency, or any other disabling condition which prevents them from being employed. In times of financial distress or panic, these unfortunate conditions will be magnified many fold.

Further we quote Samuel Gompers as follows: "This fundamental fact stands out paramount, that social insurance cannot remove or prevent poverty. It does not get at the cause of social injustice. Social insurance in its various phases of sickness insurance, unemployment insurance, death benefits, etc., only provides the means for tiding over an emergency. The labor movement aims at constructive results, higher wages, which means better living for the workers and those dependent upon them; better homes, better clothing, better food, better opportunities, etc., which means relief from over-fatigue, time for recuperation, workers with better physical development and with sustained producing powers. Better physical development is in itself an insurance against illness and a degree of unemployment. The short hour workmen with higher wages become better citizens; better able to take care of themselves."

And this from Matthew Woll, president of the International Photoengravers' Union: "Health insurance is founded primarily on incompetency and inprovidence; this proposal does not remove or prevent want or poverty nor does it deal with the causes of social and industrial injustice."

Paragraph 7. It is true that medical men in Germany might, from a wrong sense of loyalty and national pride, publicly deny that compulsory health insurance has hindered medical progress in Garmany. However, some of the prominent medical men of Germany have privately indicated to at least one member of this committee that compulsory health insurance is interfering seriously with medical progress. It is a noteworthy and conspicuous fact that in the past twenty years only one therapeutic discovery of first magnitude has come out of Germany and that discovery was made by a chemist and not by a practicing physician.

The German Sickness Societies during their thirty years of existence have so interfered with the income of physicians that now only a few of the financially able or those where prospective marriages could bring them a competency are able to take up the study of medicine, consequently this automatically bars out the naturally fit from the general practice of medicine. This leads to fewer physicians of class which consequently over-burdens others with work. The average "Kranken Klasse" physician, making calls for an average of about 20 cents per call, in order to make his income sufficient to meet living expenses, must make many calls, forcing him to neglect to continue his education and in this way deteriorating the service to the great mass of people so that they probably receive the poorest class of medical service in the world. England will be in the same condition in a short time, and in fact now the insured are complaining of the service they are getting under the Social Insurance Act.

Paragraph 8. Attempting to get something for nothing or much for little always pauperizes people and this is just exactly what compulsory health insurance encourages. Everyone familiar with the workings of the Compulsory Health Insurance of Germany and England who does not hold a sinecure under the system will substantiate the statement that patients run to the doctor for every little ailment just because the service is not charged to them personally.

Children can be educated fairly satisfactorily in mass, but sick people cannot be successfully treated by wholesale methods. Taxation we will concede is of benefit in our educational system, but there is no proof that we could benefit the state by taxation for health insurance.

To compare voluntary fire insurance with compulsory health insurance is ridiculous. In the former the individual pays in full for his insurance, while under the proposed compulsory health insurance law he accepts gratuitously 60 per cent charity.

Paragraph 9. If you had labored as long and faithfully in attempting to remedy the abuse of dispensary medical service as some of the members of this committee have you would not be so sure that these abuses can be rem-

edied. Your second statement is contrary to the facts in the case, and even Lloyd George had to admit that the number of those dependent on medical charities has not decreased since the enactment of compulsory health laws in England.

Paragraph 10. Hundreds is absolutely correct and we do not make the statement that there are thousands. Even many of those who do not claim to give free medical service, as a matter of fact are doing so under the guidance of some non-paid physicians. In addition to this there are perhaps hundreds of others, such as church and other agencies not listed in the social directory mentioned, yet all are giving free medical services.

Paragraph 11. The statement in paragraph 11 was not intended as a slur but was intended to illustrate in a general way the probable cost of distribution of the health insurance fund. The statement the committee had every reason to believe to be correct and it was based on the sworn testimony before a legalized body having power to administer oaths, same beiug the report of the Joint Committtee on Home Findings Societies appointed under House Joint Resolution No. 36 of the 48th Illinois General Assembly, 1915, page 101, under the heading, "How the Money Was Spent." We quote the paragraph in full:

"The total amount of 1914 disbursements, $297,133.50; provision of relief centers and general office, $47,706.12; supervisory salary, $32,145.33; relief service, $94,458.70; visitors' carfare, $3,543.67; material relief, $123-805.35; refunds, $474.03. This shows that but $123,805.35 out of $297,133.50 was given to the poor in food, fuel, rent, medicine, clothing and the like, being only 41.5 per cent of the total. In other words, 58.5 per cent of the amount of money disbursed was expended in rent, salaries, etc."

Paragraph 13. In the second to the last paragraph you make the statement "Health insurance, in which the State will figure in some important manner, is bound to come in the United States in the near future." For the country's good, we sincerely hope that you are as poor a prophet as you seem to be a critic.

Finally, before leaving this phase of the subject we suggest that if paternalism is to be applied generally to medicine why not include in this socialistic scheme, coal, fuel, clothes and the supervision of private charities? It is rumored that the organization which you represent strenuously opposed the enactment of a law for State control of private charities at the last meeting of the Legislature.

DR. LAMBERT CHANGES FRONT

As showing the change in attitude as to health insurance we wish to refer to a letter written by Dr. Alexander Lambert, chairman of the Social Insurance Committee of the American Medical Association, as follows:

The whole situation is this: You have an insurance company that is trying to go in as a middlemau between the patient and the doctor. All previous experience shows that when once firmly established, so that it can control the practice among the patients by giving them lower rates for medical service, the middleman in the end can dictate terms to the doctors and bid them down to absolutely inadequate remuneration for what they do. At first it looks very tempting to be assured of good, big fees for possible operations, which by their very nature, relatively seldom occur and which are only done by few surgeons, but the main work is among the patients with the small fees. Of course, when many are seen and one gets 100 per cent. collections, as would be done by the company paying it, it increases the income to the doctor because of the proverbial lack of collections that ordinarily physicians make.

I think there is one pernicious factor in this scheme, and that is that the patients pay a carrying fee of $1.60 and 40 cents, and yet the same service is given for the varying amount of returns. That, I think, you will find to be a vicious system. There is no question as to the possible value of this scheme. There is no question that the doctor getting 50 per cent. and the insurance company taking 50 per cent. for expenses and profit, makes a mighty good thing out of it, especially since it takes only very selected groups of lives. It takes the healthiest group of people in the community and offers them medical treatment. It practically becomes a variation of lodge practice among selected lives and under capitation system. It has all the possibilities of the evils under this system. If there are a great many patients under one doctor's care, and a good deal of sickness, even in these selected lives, the doctor must give a hurried service and an inadequate service, even for these small fees. It comes right down to the evils for which lodge practice is held in contempt—that of inade-

quate remuneration for poor medical service.

As far as the health insurance scheme is concerned, it is perfectly inadequate. You cannot choose the healthiest lives in a community and give them selected service on small pay and think you are doing anything for the community in the way of health insurance, because a health insurance scheme must take in all lives, good and bad, the very sick as well as the very healthy, and must give good service to all. This scheme which you have sent me successfully avoids any medical service except to the unusually healthy.

There is the danger in all these schemes of debauching a community in its ideas of medical service when done on a commercial basis such as this. It gives the idea to people that they can get medical service for almost nothing, and in the end it comes down to the doctor under lay control that deliberately makes the physicians bid against each other and produces all the evils of capitation system or lodge practice. It is the beginning of the condition against which the physicians in England fought so bitterly and complained of so bitterly just before their insurance act was enacted. The insurance companies make anywhere from 17 per cent. to 35 per cent. out of what they collect, and any middleman will gladly undertake the job to sit still and do that, letting the doctor do the work.

Sincerely yours,
ALEXANDER LAMBERT.

Committee on Social or Health Insurance of the Chicago Medical Society: Edward H. Ochsner, C. B. King, George Apfelbach, Wm. O. Krohn, S. V. Balderston, J. V. Fowler, A. W. Seidel, J. R. Ballinger, secretary; Chas. J. Whalen, chairman.

Approved by the Illinois State Medical Society

Committee on Social or Health Insurance of the Illinois State Medical Society: Edward Ochsner, George Apfelbach, C. A. Hercules, S. V. Balderston, J. R. Ballinger, E. W. Fiegenbaum, W. B. Chapman, secretary; Chas. J. Whalen, chairman.

"The medical profession, both in Germany and England, has been demoralized, and a large amount of time which should be given to the consideration of proper medical questions and problems is now being devoted to interminable disputes as to rights and privileges, and duties and penalties, under the insurance acts. Week after week the *British Medical Journal* gives publicity to the facts of confusion and conflict of professional interests in British medical practice. There has not been any real health progress in England during the last three years, or since the National Health Insurance Act came into operation, nor has there been a measurable degree of intelligent co-operation with the national or local health administration. The marvelous sanitary progress of England during the last thirty years was secured without compulsory health insurance, just as this has been the case in the United States, Canada and Australia.

"The main object of compulsory health insurance is to establish an enormous bureaucratic machinery and bring about a further regularization, supervision and control of wage-workers and their dependents."

—*Dr. Frederick L. Hoffman.*

"I do not believe in a form of government that does everything for the individual except tuck him into bed at night"—*Warren S. Stone*, Grand Chief International Brotherhood of Locomotive Engineers.

"A panel doctor becomes a five and ten cent store of medical knowledge."—*William Gale Curtis.*

(Continued from Page 89)

cent achievement if at the same time that we repel the German threats of conquest, we could also destroy our ancient enemy whom the foam-born, laughter-loving goddess, Aphrodite, hath annexed to the indulgences to which she invites the children of men.

War has almost always brought unexpected and incidental blessings in its train. This war has already laid the heavy hand of general condemnation on the absurd abuse of intoxicating drinks, which public opinion seems to have required to make effective its own decisions. How magnificent an opportunity presents itself to put an end to the prevalence of venereal diseases by preventing their propagation! In this direction, too, public opinion is far in advance of statutory enactments. Nothing is needed but courage and surely that ought not to fail us.

The Chicago Session

Section on Miscellaneous Topics to Consider Reeducation and Rehabilitation of Disabled Soldiers.

At its recent meeting the Council on Scienfic Assembly arranged for meetings of the Section on Miscellaneous Topics, the subject to be taken up being the reeducation and rehabilitation of the disabled soldiers. Major Frank Billings, head of this division in the Surgeon-General's Office, has accepted the chairmanship of the section. The subject is one of great importance, especially to medical men. Further announcement will be made later.

Special General Meeting

In addition to the patriotic meeting which will be held on Thursday evening, June 13, and which will be addressed by men prominent in public affairs, there will also be a general meeting on Wednesday evening, June 12, at which eminent physicians who have been active in the medical military service of our nation and its allies will take part.

Section Meeting Places

The tentative arrangements for places of meeting are as follows:

Section on Practice of Medicine.—Banquet Room, Hotel Morrison.

Sections on Ophthalmology and on Laryngology, Otology and Rhinology.—Grand Ball Room and Red Room, respectively, Hotel La Salle.

Sections on Nervous and Mental Diseases and on Dermatology.—Ball Room and English Room, respectively, Blackstone Hotel.

The remaining Sections will be grouped, meeting in the Auditorium Theater, the Auditorium Hotel and the Congress Hotel. The theater will house in its main auditorium, the *Section on Surgery, General and Abdominal*, and in two smaller halls, the *Sections on Genito Urinary Diseases* and on *Gastro-Enterology and Proctology.*

In the Auditorium Hotel, the Ball Room will be the meeting place of the *Section on Pathology and Physiology*, the Ladies' Parlor the meeting place of the *Section on Pharmacology and Therapeutics*, and the *Section on Preventive Medicine and Public Health* will meet in the banquet hall.

In the Congress Hotel, the Elizabethan Room will be the meeting place of the *Section on Orthopedic Surgery* and the Gold Room, the *Section on Obstetrics, Gynecology and Abdominal Surgery;* the Florentine Room, the *Section on Diseases of Children*, and the Green Room, the *Section on Stomatology.*

The Hotel Sherman will be the general headquarters where will be housed the *Registration Bureau*, the *Information Bureau*, the *American Medical Association Branch Post-Office*, as well as the *Scientific and Commercial Exhibits.*

In next week's issue the accommodations offered by these and the other hotels of Chicago for those who attend the annual session will be announced.

Committee on Arrangements

The Local Committee on Arrangements for the Annual Session of 1918 to be held in Chicago, June 10-14, is actively engaged in perfecting plans for the comfort and entertainment of the Fellows of the Association and their guests.

All correspondence with the Local Committee on Arrangements or with any of its subcommittees should be addressed to 25 East Washington Street, Chicago.

Clinics

The chairman of the subcommittee on clinics, Dr. Charles F. Humiston, announces that there will be a series of clinics for the Fellows of the Association on Thursday, Friday and Saturday, June 6, 7 and 8, and on Monday and Tuesday, June 10 and 11. Further announcements regarding the clinics will appear in these columns from time to time.

Alumni and Section Dinners

Alumni and section dinners will be held on Wednesday evening from 6 to 8 o'clock so as not to conflict with other events which are being planned. The chairman of the subcommittee on alumni and section entertainment, Dr. J. H. Stowell, announces that his committee is cooperating with officers of alumni associations in arranging for reunions. The

committee desires, also, to assist the officers of those sections which desire to arrange for section dinners.

Hotel Headquarters for the Chicago Session

The following hotels have been tentatively designated as general and section headquarters for the Chicago Session, June 10 to 14:

General Headquarters: Hotel Sherman, North Clark and West Randolph.

Practice of Medicine: Hotel Morrison, 83 West Madison.

Surgery, General and Abdominal: Auditorium Hotel, 430 South Michigan.

Obstetrics, Gynecology and Abdominal Surgery: Congress Hotel, South Michigan and Congress.

Ophthalmology: Hotel LaSalle, LaSalle and West Madison.

Laryngology, Otology and Rhinology: Hotel LaSalle, LaSalle and West Madison.

Diseases of Children: Congress Hotel, South Michigan and Congress.

Pharmacology and Therapeutics: Auditorium Hotel, 430 South Michigan.

Pathology and Physiology: Auditorium Hotel, 430 South Michigan.

Stomatology: Congress Hotel, South Michigan and Congress.

Nervous and Mental Diseases: Blackstone Hotel, South Michigan and East Seventh.

Dermatology: Blackstone Hotel, South Michigan and East Seventh.

Preventive Medicine and Public Health: Auditorium Hotel, 430 South Michigan.

Genito-Urinary Diseases: Auditorium Hotel, 430 South Michigan.

Orthopedic Surgery: Congress Hotel, South Michigan and Congress.

Gastro-Enterology and Proctology: Auditorium Hotel, 430 South Michigan.

Scientific Exhibit, Registration Bureau Commercial Exhibit, Information Bureau, and Branch Post-office: Hotel Sherman, North Clark and West Randolph.

Excerpts from Other Journals

REST

Elsewhere in this issue of the REVIEW there appears a paper by Joseph H. Pratt[1] of Boston, the title of which will excite the reader's impatience or admiration according as he considers it the function of a medical publication to give space only to what was never said before or to what is important enough to bear skillful repetition—incessant reiteration without irritation.

Nevertheless, until the time comes when every tuberculous patient, upon being asked what is the most important element in the treatment of tuberculosis, will unhesitatingly answer, "Rest!", the subject will always be timely. This happy day has not yet arrived. To-day, almost thirty-three years after Trudeau set down his first patient on the small porch of the Little Red, "fresh air" and "putting on weight" still dominate the therapeutic field—at least in the minds of nine out of ten patients. Few patients consult their physician about staying out of doors; relatively few, unless they suffer from indigestion, about eating enough; but before completing a "cure" practically every patient takes up the matter of rest with the medical attendant at least once. We have the *Journal of the Outdoor Life*, and any number of "health" periodicals that print page upon page on diet and exercise. So far as the writer knows there is no publication devoted to "Rest." Yet who is there among us that would not sooner put his money on the tuberculous patient living at perfect rest—physical and mental rest—in a close room rather than on a similar individual wielding a pick and shovel beyond his capacity in all outdoors?

There can be no doubt that with acute respiratory disease, strain makes up a team of immediate etiological factors that is responsible for more individual outbreaks of tuberculosis than any other single cause. Whoever believes that preexistent benign tubercle develops, in a vast number of instances, into

[1]The importance of long continued rest in the treatment of pulmonary tuberculosis. Am. Rev. Tub., 1918, i, 637.

clinical tuberculosis, and at the same time tries to appreciate what may happen to such benign tubercle under strain or intercurrent respiratory disease will have no difficulty in understanding why this is so. Both in anatomic and physiological disturbance the circumtubercular effects of strain and intercurrent disease can be identical, and the ultimate results the same —the conversion of a relatively insignificant formation into a menace. It is the writer's opinion that no one can deny the influence of strain on the production of tuberculous disease, and for this reason he has always been amazed that everyone will not face squarely the issue of relief from strain in the therapy of tuberculous disease and give it the prominence it deserves.

For what is rest but relief from strain? And where shall we place it in therapy, if not first, and always first? It is, of course, conceivable and, indeed, highly probable that rest may mean all things to all men. It may mean the sloth of the indolent or the relief from tension that follows change of occupation. The t. b. m. might seek his rest in a "night out"; the wornout housewife, on a shopping tour. The views of a certain ex-President and a certain R. L. S. would probably differ widely as to what is rest. To some of us it has always seemed a marvelous commentary on the reasoning intricacies of the human mind that we send a worked-out horse to the pasture to vegetate while for the broken business man we prescribe a sweating course of handball at the gymnasium. These considerations simply go to show that rest is perhaps a relative state of consciousness to which different constitutions and temperaments will react differently. But in this clash, this welter, of individual physical and mental reactions, is it not possible to find common ground? Let us put the matter another way: Instead of saying "rest" let us say "relief from strain." Let us then put the matter thus—that relief from strain is any state of physical or mental activity or inactivity that does not reach the point of conscious fatigue; and by fatigue we would include *ennui*.

Is not this the main, the guiding, one is almost tempted to say, the only principle to be followed in tuberculosis therapy? The febrile, acutely ill, must of course, always be put to bed: there can be no question about this. But the vast number, the majority, of the tuberculous sick, those who are sitting out their time awaiting the day that will take them back to the land they came from—what of them? For them tuberculosis regimen should mean exactly what we have just said: anything congenial that keeps the patient below the fatigue line. And this the physician cannot prescribe in terms of minutes or of hours. The fatigue-line is an individual affair, registered only in the patient's own consciousness. The patient has his "cure" in his own hands. He who heeds will succeed, if success is possible: he who is unresponsive or refractory, may fail. For the tuberculous, fatigue is the flash from the focus and he who acknowledges the message by immediately throwing on the brakes is the patient whom we can appoint engineer of his own case. The patient who never pushes himself to the point of fatigue or who at once stops short when it is upon him will never delay his "cure" by any measures within his control, but will hasten it with geometrical ratio. The man who will not stop is a poor risk, no matter what the nature of his case may be.

This, in the writer's opinion—this always keeping below the point of fatigue—is all that there is to the matter of rest in the therapy of tuberculosis; and when he says "all that there is to the matter of rest," he means everything in the routine therapy of the disease. All other measures ever advocated in its treatment will not begin to counter-balance the violation of this single rule of rest or exercise—never become tired, or if tired, rest and *rest until completely refreshed.*

And what under the circumstances is our duty as physicians? It is this: to explain to the patient why relief from strain is so important, to explain too that there can be no set formula for all patients nor one even for the individual, that rest can be measured only by a conscious reaction on the patient, that therefore the patient must rely on his own intelligence and behavior in the treatment of his case, and that meanwhile he, the physician, is always at hand, a guide and mentor, to help out in the little details of management and to give the patient all the support and comfort that a rich and wide experience can bestow in relieving the tedium of the protracted fight at hand. But, above all, to so engrave rest on the patient's mind that he will automatically at once respond with rest to the first symptom of fatigue.—*American Review of Tuberculosis*, January 1918.

From the Council of Pharmacy and Chemistry

During March the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Nonofficial Remedies:

Calco Chemical Company:

Chlorcosane (Calco)

Gilliland Laboratories:

Normal Horse Serum
Concentrated and Refined Diphtheria Antitoxin
Concentrated and Refined Tetanus Antitoxin
Typhoid Vaccine
Small-Pox Vaccine
Original Tuberculin, "O. T."
Tuberculin Ointment in Capsules (for the Moro Percutaneous Diagnostic Test)
Bouillon Filtrate Tuberculin, "B. F."
Bouillon Emulsion Tuberculin, "B. E."
Tuberculin Residue, "T. R."
Tuberculin for the Detre Differential Diagnostic Test

Monsanto Chemical Works:

Dichloramine-T

NEW AND NONOFFICIAL REMEDIES

Typhoid Vaccine, Prophylactic.—A vaccine made from killed Bacillus typhosus. The vaccine is used for the prevention of typhoid fever, for which purpose typhoid vaccines are of recognized utility. Marketed in different sized containers, containing 500 million and 1,000 million killed Bacillus typhosus in 1 Cc. Eli Lilly and Company, Indianapolis.

Typhoid Vaccine, Therapeutic.—A vaccine made from killed Bacillus typhosus. The vaccine is proposed for the treatment of typhoid carriers and as a concomitant measure to the usual routine of typhoid therapy. Marketed in different sized containers, containing 100, 250, 500 and 1,000 million killed Bacillus typhosus in 1 Cc. Eli Lilly and Company, Indianapolis.

Typhoid Mixed Vaccine (Typho-Bacterin Mixed).—A vaccine made from killed alpha and beta Bacillus paratyphosus and Bacillus typhosus. The vaccine is used for the immunization against typhoid and paratyphoid fevers and in the treatment of mixed infections of the typhoid bacillus and the paratyphoid bacilli. Marketed in different sized containers, containing 250 million alpha and beta Bacillus paratyphosus and 1,000 million Bacillus typhosus in 1 Cc., and 500 million alpha and beta Bacillus paratyphosus and 1,000 million Bacillus typhosus in 1 Cc. Eli Lilly and Company, Indianapolis.

Bulgarian Bacillus Tablets-Mulford.—Tablets containing a practically pure culture of Bacillus bulgaricus. Used in the prevention and treatment of conditions due to intestinal putrefaction. Marketed in vials containing fifty tablets. An expiration date is stamped on the label. H. K. Mulford Company, Philadelphia (*Jour. A.M.A.* March 2, 1918, p. 623).

Arsenobenzol (Dermatologic Research Laboratories) 1 Gm. Ampules.—Each ampula contains 1 Gm. arsenobenzol (Dermatologic Research Laboratories), a brand of arsphenamine complying with the New and Nonofficial Remedies standards. These ampules are prepared for use in hospitals in divided doses. Dermatological Research Laboratories, Philadelphia Polyclinic, Philadelphia.

Halazone-Monsanto.—A brand of halazone complying with the New and Nonofficial Remedies standards. Halazone is parasulphonedichloraminobenzoic acid. The Monsanto Chemical Company, St. Louis, Mo.

Procaine-Abbott.—A brand of procaine complying with the New and Nonofficial Remedies standards. Procaine was first introduced as "novocaine". Chemically it is the monohydrochlorid of para-aminobenzoyldiethyl-amino-ethanol. It is used as a local anesthetic as a substitute for cocaine. The Abbott Laboratories (*Jour. A. M. A.*, March 16, 1918, p. 779).

PROPAGANDA FOR REFORM

Shotgun Nostrums.—As the soldier of today uses a rifle instead of a blunderbuss, so the modern physician uses single drugs rather than shotgun mixtures. There are many types of "shotgun" nostrums. Some are dangerous, as in the case of "Bromidia"; some are preposterous therapeutic monstrosities which excite the contempt of educated physicians, as in the

case of "Tongaine"; some are merely useless mixtures of well known drugs sold under grotesquely exaggerated claims, as in the case of "Peacock's Bromides." It is impossible to determine from the published formulas just how much hydrated chloral and potassium bromide Bromidia contains, but it is probable that there are about 15 grains of each of these two drugs to the fluidrachm and variable amounts of Indian cannabis and a small amount of either extract or tincture of hyoscyamus. Bromidia is a distinctly dangerous mixture for indiscriminate use, particularly so if the advertising creates the impression that in it the chloral hydrate has been deprived of its untoward effects. Tongaline is said to consist of tongo, cimicifuga racemosa, sodium salicylate, colchium and pilocarpin. This jumble of drugs would be merely ludicrous, if anything that degrades therapeutics could be considered so lightly. Peacock's Bromides is said to consist of the bromides of sodium, potassium, ammonium, calcium and lithium. The exploiters claim superiority over extemporaneously prepared mixtures because of the absence of contaminating chlorids said to be present in commercial bromids. The truth is that the chlorids are used as antidotes in bromid poisoning. Bromidia, Tongaline and Peacock's Bromides have been the subject of reports of the Council on Pharmacy and Chemistry (*Jour. A. M. A.*, March 2, 1918, p. 642).

Some Misbranded Nostrums.—"Notices of Judgment", reporting prosecutions for misbranding under the Federal Food and Drugs Act, have been issued for the following: Hayseen's Sure Goitre Cure Balsm, a solution of potassium iodid in water, sugar and alcohol. Hayseen's Sure Goitre Ointment, containing petrolatum and potassium iodid.—MacDonald's Atlas Compound Famous Specific No. 18, consisting essentially of sodium sulphate, sodium bicarbonate, a laxative plant drug (apparently aloes), ginger, a small amount of phosphate, a trace of alkaloid and talc.—Faucine, said to be a "warranted remedy" for piles, diarrhea, dyspepsia, scratches of horses and "good" for female complaints, "hog cholera" and other conditions.—Contrell's Magic Troche, containing a little ipecac and claimed to cure catarrh, asthma and diphtheria.—Benn Capsules contain strychnin, arsenic, iron and water soluble sulphates, and are sold as a cure for dyspepsia, backache, headache, leukorrhea, falling of the womb, etc.—Collins' Voltaic Electric Plasters, claimed to relieve pain and inflammation of the kidneys, of value in fever and ague and "good" for simple bone fracture, and would relieve many cases of bronchitis and asthma, female weakness, etc.—Mother Nobles Healing Syrup, containing vegetable cathartic drugs, iron chlorid, Epsom salt and sand.—Stuart Buchu and Juniper Compound, containing no appreciable amounts of buchu and juniper (*Jour. A. M. A.*, March 9, 1918, p. 718).

Medeol Suppositories.—The Council on Pharmacy and Chemistry reports that Medeol Suppositories appear to be an imitation of Anusol Suppositories, which in 1907 were found inadmissible to New and Nonofficial Remedies. "Anusol" was formerly said to be bismuth iodoresorcinsulphonate, but after publication of an analysis in the A. M. A. Chemical Laboratory in 1909, this claim was abandoned and today Anusol Suppositories are said to contain unstated amounts of the indefinite "bismuth oxiodid and resorcinsulphonate". "Medeol" is said to be "resorcinated iodo bismuth", but no information is vouchsafed as to the character or composition of the ingredient. As the composition of the two preparations are similar, so are also the therapeutic claims. The Council declared Medeol Suppositories inadmissible to New and Nonofficial Remedies because their composition is secret, because unwarranted therapeutic claims are made for them, because the name is objectionable, and because the combination is unscientific (*Jour. A. M. A.*, March 9, 1918, p. 719).

Sodium Cyanid.—Loevenhart, Lorenz, Martin and Malone report experiments looking toward the use of sodium cyanid, administered intravenously, as a means of stimulating respiration in threatened collapse from drowning, etc. (*Jour. A. M. A.*, March 9, 1918, p. 692.)

Hypophosphites for the Army.—The purchasing department of the medical department of U. S. Army asks for bids on three tons, in one pound bottles, of the "Compound Syrup of Hypophosphites." These six thousand bottles of a relic of past generations must be paid for and are to occupy valuable freight space in shipping to various Army posts (*Jour. A. M. A.*, March 16, 1918, p. 783).

Vermont Medicine

The Official Organ of the Vermont State Medical Society

Vol. III, No. 5 $1.00 per Annum

Rutland, Vermont, May, 1918

Original Papers

MANUAL DILATATION, VERSION AND DELIVERY.

Manual dilatation, version and delivery, when the progress of accouchement is delayed from any cause, with a report of 250 cases.

By J. M. Hackett, M.D.,
Champlain, N. Y.

Read before the Vermont State Medical Society at its Annual Meeting, October 11, 1917.

I feel that I should apologize for presenting a paper advocating the rapid delivery of women, under chloroform, in slow cases of labor, when all the world seems to be content to let Nature take its course, but I was not satisfied that we were doing all we should do in such cases, therefore, about 15 years ago, I began the method of manual dilatation, version and delivery in such cases, and I now, in this paper, offer the results of my experience and observation.

In advocating this procedure for the relief of women in the perils of child-birth, I wish to make the statement here, in the presence of these members of the Ancient and Honorable Medical Society of the State of Vermont, and the medical fraternity—gathered together here to-day, that the time has now come that we as physicians, obstetricians and surgeons are to assist women in the perils of child-birth more promptly than has been the custom from time immemorial.

The perils of child-birth herein alluded to, I believe, are those long continued cases that end only after 24 or 48 hours in instrumental delivery and frequently terminate fatally for both the mother and the child.

There is no peril in a normal case of confinement, and not much acute suffering, if the act of expulsion of the head of the child is carried over by the aid of a few whiffs of chloroform.

What is the most common cause of protracted cases of confinement? I say it is the *failure* of the bag of waters to come down, tough and strong, and with ever-increasing pressure, within the ring of the Os Uteri, perform its function of dilatation. Why this *failure* on the part of Nature is a question I will not take up in this short paper, further than to say, that therein lies the principal cause of protracted cases of labor, and therein the perils of child-birth.

To-day I wish to offer for your consideration, as a relief in this condition, the procedure of manual dilatation, version and delivery, under the influence of chloroform.

I have had more satisfactory results with this method during the past 15

years than I had had previously with the old established method of let Nature take its course, or the watchful waiting.

The usual course of procedure in confinement cases is about as follows: If the woman is in labor, and I find on examination, some dilatation, but no bag of waters presenting, and the child's head pressing on the os, I decide to proceed with the manual dilatation and delivery, in the course of an hour, if the dilatation does not progress according to what you would expect from the labor pains present.

The anesthetic used is chloroform. This I administer myself, as it is not feasible to have an assistant in the country. When the patient is well under the chloroform, I hand the cone to the nurse, prepare my hand and arm by scrubbing with soap suds and hot water, than pass the hand slowly into the vagina, especially in a primipara, and dilate the os slowly with the fingers until you can slip the hand into the uterus. Before forcing the hand carefully into the uterus, place the left hand on the abdomen over the fundus of the uterus and make pressure downward against the pressure from below. This is quite an important step in the operation for various reasons. When the hand is inside the uterus, pass it along the side wall of the uterus up to the fundus, and grasp one or both feet, now make traction downward at the same time removing the hand from the fundus on the outside of the abdomen and with this hand press upward just above the pubes in order to push the head of the foetus up to the fundus of the uterus; this will assist the act of version materially. Always deliver the legs and body of the child with the back upward toward the pubes in order to facilitate the delivery of the aftercoming head. Finally, deliver the head by the usual method of carrying the body of the child upward on the abdomen of the mother, using the pubes as a fulcrum to a certain extent to deliver the head. Should the head stick at this point, pass the first finger of the left hand into the vagina posteriorly and hook into the lower jaw of the child, making traction downward. This suggestion will assist very materially, especially in a primipara. If you fail to deliver in this manner, use the forceps on the aftercoming head. It is very important to deliver the head as rapidly as possible to save life.

I have not as yet been obliged to use the forceps on the aftercoming head. The time usually occupied in the performance of this operation is from twenty to thirty minutes, and the amount of chloroform used from two to three drams.

Under this method, the usual amount of time consumed at a confinement case is from 2 to 4 hours; very rarely does it go to 6 hours, never more.

Let not one of us ever again be guilty of a 24 or 48 hour confinement. I make this statement in all seriousness and with all due respect to our forefathers in medicine.

Another point that I would like to mention is the great satisfaction to the family of having the sickness over in a short time.

Of these 250 cases, there was not a maternal death and very few injuries to the soft parts of the mother; none that required suturing.

The period of involution was much shorter in these cases than the ordinary.

The convalescence was more rapid, due to the elimination of shock that was

(Continued on Page 112)

Draft of Medical Officers

At the adjourned meeting of the Vermont State Committee of National Defence, Medical Section, through which the General Medical Board is making its moral draft of the 6000 medical men called for by the Surgeon General of the Army and Navy held at the Hotel Vermont, May 24, a quota for each county was established.

This quota was arrived at by figuring that after the required number of men are taken from the state the remaining men capable of doing active practice must average to care for 888 of the population.

This gives the number of men that must remain at home and the number that must serve is easily found.

Having decided the number required to care for the people the remainder should be in the service.

The records are at hand of all that are now in the service and each county is requested to furnish enough more men for the army to bring their quota up to the full number that can be spared.

The committee is very reluctant to suggest to men that they should apply but much prefers that the physicians should take the initiative and present themselves as ready to do their plain duty.

This number of VERMONT MEDICINE contains much information regarding the service.

Opportunity for volunteering is given up to Thursday evening the 30th at which time the County Secretaries are to report to the State Secretary all the volunteers and also a complete list of men available for the service.

This availability includes age 22-55 physically, mentally and morally fit, and not so much needed at home that their going would seriously interfere with "the maintenence of national interest during the emergency."

The figures for the July call are as follows:

County	Should Furnish	Now in Service	July 1st Call
Addison	2	4	0
Bennington	12	8	4
Caledonia	12	11	1
Chittenden	37	27	10
Essex	0	0	0
Franklin	13	9	4
Grand Isle	0	1	0
Lamoille	2	2	0
Orange	4	4	0
Orleans	9	7	2
Rutland	15	16	0
Washington	20	7	13
Windham	14	5	9
Windsor	21	8	13

Following is a list of the chairmen of the County Committees to which application should be made.

Addison County—S. S. Eddy, Middlebury.

Bennington County—W. E. Putnam, Bennington.

Caledonia and Essex Counties—F. E. Farmer, St. Johnsbury.

Chittenden and Grand Isle Counties—J. N. Jenne, Burlington.

Franklin County—E. A. Hyatt, St. Albans.

Lamoille County—F. H. Barrows, Stowe.

Orleans County—O. B. Gould, Newport.

Rutland County—J. J. Derven, Poultney.

Washington and Orange Counties—E. A. Colton, Montpelier.

Windham County—J. A. Stevenson, Chester.

Windsor—A. L. Patch, Windsor.

Vermont Medicine

The Official Organ of the Vermont State Medical Society

Conducted by the Publication Committee

William Gray Ricker, M.D., St. Johnsbury, Chairman.
A. Stuart M. Chisholm, M.D., Bennington.
Charles Francis Dalton, M.D., Burlington.

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All business communications, including subscriptions, are to be addressed to Dr. Hamilton, other communications are to be sent to Dr. Chisholm.

The Committee assumes responsibility for the opinions expressed in the Editorial columns alone.

Editorials

THE PUBLIC HEALTH

Undeterred by the discouraging attempts made by Canute and by Mrs. Partington to withstand the irresistible advance of the Atlantic Ocean, Mr. Murphy's mayor of New York has signalized his rashness and illustrated his complete unfitness for public responsibility by entering into a contest with the Health Administration of New York City. We are naturally but little interested in the fact that Mayor Hylan is doing his very best to vindicate the character and the methods of his predecessor in office and to justify the withering invective of Mr. Mitchell in the campaign of last fall, but we are concerned at the possible outcome of the present campaign against the ideals of the medical profession in New York. Lord Bryce dwelt with severe emphasis in his "American Commonwealth," on the wretched inefficiency and dishonesty that characterize American municipal government, and doubtless a system must be severely criticised that places in the hands of an ignorant politician the absolute control of such vast and vital interests as the public health. We ought perhaps to derive a certain amount of academic satisfaction from the reflection that our enemies, Ignorance, Malice and Fraud, are the enemies as well of enlightenment and a progressive civilization, but no degree of academic satisfaction can quite reconcile us to the prospect of a successful attack at the hands of such enemies. It is not the Public Health system that is on trial. That has abundantly proved its beneficent mission. It is rather Mayor Hylan who recklessly places himself in the prisoner's dock and who, if he escapes the penalty of impeachment or removal, will inevitably be condemned by the general voice of public opinion to derision and disgrace. For there is no likelihood that such a brutal assault will succeed. In our own state, it is safe to say, no one would be found willing to impugn the motives or the results of the work of

our State Board of Health, and the people of the City of New York may be presumed to be just as sternly opposed to any effort so hostile to their own best interests. We must confess that, knowing the disinterested and beneficent aims of the profession of medicine, it is with perpetual astonishment that we observe the antagonism that our efforts for the public welfare excite in the minds of many people. This is an anomaly to which we can by no means accustom ourselves. To say that it has always existed is not to explain it. Though no explicit obedience to the oath of Hippocrates is any longer required of those entering on the practice of medicine, yet that formula, which in its inception expressed the immemorial rule of professional conduct, has endured for untold centuries as of perpetual obligation and is indelibly graven on the consciences of physicians. The early spirit of Medicine yet lives and acts in our hearts and in our conduct and sets us apart for the service of humanity by a peculiar consecration. The profession of Medicine is so little given to cant and to pretension that there seems some impropriety in thus speaking even among ourselves of the noble aims that it seeks to realize. But certainly the world at large should at length begin to perceive, however dimly, the true meaning and the inward purpose of our profession and cease to thwart our unselfish endeavors to relieve suffering, prevent disease and prolong life. In himself contemptible, Mayor Hylan assumes a momentary importance as the *soi-disant* representative of those malignant beings who have always existed in the world and whose efforts have been steadily directed to the detriment of humanity and to the damage of civilazation.

THE MEDICAL SERVICE.

During the greater part of the year that is just past, we were much disturbed over the daily lists of recruits for our national army throughout the different states by noting that Vermont seemed so tardy in filling her quota for the service. We realized that the figures given did not at all represent the actual spirit of Vermont inasmuch as the great body of Vermonters entered the service through the National Guard, but the published lists gave the impression that our State lagged behind all the others.

It is consequently far from reassuring to reflect that Vermont ranks the twenty-ninth, in the proportion of physicians that have entered the Medical Service. To this there is no offset as in the case of enlistments. The bare fact alone, unrelieved by compensatory consideration, stares us in the face, that other interests have prevailed for the time being over our patriotism. The honor of our State and of the physicians in our State is implicated and must in some way be vindicated. We blush with distress and shame to find Vermont straggling along toward the bottom of the list.

And now a new call has come from General Gorgas. We have become deeply involved in the war and there is no prospect of a speedy extrication. More and more men must go abroad and doctors must not fail them. We have set our hands to the plough and we must finish the work. How many men, how many physicians must yet offer up their lives we may not calculate. How long the war shall endure we may not predict. Germany, having gathered into her hands a superfluity of conquests,

would willingly pause, but there can be no pause until the great question is once for all decided, whether justice shall rule among the nations, or whether perfidy, treachery, the mutilation of children, the ruthless slaughter of non-combatants, the destruction of peaceful neutrals, secret diplomacy, and the brute force of Teutonic violence shall prevail over the world. Who, in such a cause, shall presume to weigh his own life or measure his own sacrifice? Here am I, Lord, for thou didst call me.

We are now assured by the recent Government report that this year's wheat crop will be at least half as large again as that of last year. The present indications are that the crop of winter wheat alone will be about the same as the whole wheat harvest of 1917. Moreover, the other cereals promise the like increase and the public domain has been thrown open to greater flocks of sheep and herds of cattle than ever before. Thus the matter of the first importance, the provisioning of our forces abroad and of our allies seems to rest on a firm basis. For ourselves, we should consider that enforced privation is no evil but that voluntary self-denial is a great good.

A REMARKABLE CONSTITUTION.

Dr. De Witte—I shall never forget my first patient. He had me on the anxious seat, I must confess.

Rivers—Did you come out all right?

Dr. De Witte—Oh, yes. Fortunately his strong constitution pulled us both through.—*Judge.*

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experienced by patients going through a long first and second stage of labor.

I also noted greater strength of the patient at the end of puerperium.

In reference to the fetus, there were only 5 still-births. Of these, 2 cases were due to prolapsus of the cord; one to delay in getting the head from a contracted pelvis; the other two causes were not determined.

Conclusions:—This procedure should be more often done to shorten the time of labor, lessen shock to the mother and eliminate pressure to the child's head.

That dilatation and version can be readily accomplished in primipara, and should be more often done.

All occipito-posterior positions should be treated by version.

That foetal mortality by this method is not as great as in prolonged instrumental delivery.

The head injuries to the child are also very much lessened.

I wish to commend to the profession at large this method of procedure as a life-saving measure; also as being the greatest panacea to womankind that has yet come to light.

Oh, woman, rejoice! The hour has struck. In this the 20th century of the Christian era, the perils of child-birth have been overcome, and even the suffering of dilatation and expulsion (by the ingenuity of man) has been taken away. No more in sorrow shalt thou bring forth; in the good physician, thou hast a friend indeed.

The War

CONFERENCE OF STATE COMMITTEE OF NATIONAL DEFENSE — MEDICAL SECTION — WITH THE COUNCIL OF NATIONAL DEFENSE.

Washington, May 4th and 5th, 1918

In accordance with telegraphic requests to the members of the State Committee Dr. J. M. Hamilton, the Secretary of this Committee, attended all the sessions. Dr. Wm. G. Ricker of St. Johnsbury, the Secretary of the State Society, who had been attending a conference of the Secretaries of the State Medical Societies, was able to be present at only the last session.

The army and navy are making a great drive to increase the enrollment of medical men and this can be explained in no better way than by a report of the conferences published by the General Medical Board.

The meeting was called to order by Dr. Franklin Martin, member of advisory commission, who announced Dr. Edward H. Martin, chairman of the Committee on State Activities, as chairman of the conference.

The roll call showed representatives from every State in the Union save one, and it was estimated that there were five hundred present in the small ball room of the Hotel Willard.

As the members of this conference—members of the State Committee of National Defense, Medical Section—are truly government officials oath was administered before the deliberations began.

Surgeon-General Gorgas was introduced by the Chairman and the applause was most enthusiastic and continued until after several minutes the General requested silence.

His subject was the Medical Reserve Corps, or rather the Medical Section of the Officers' Reserve Corps. This Section, formerly known as the Medical Reserve Corps, was organized eight or ten years before any of the other sections. The scheme had worked so well that other branches of the service requested similar organizations and the Officers' Reserve Corps was organized with the Medical Reserve Corps as one of the sections.

There were thirteen or fourteen hundred medical men in the Medical Reserve Corps before the war; now there are twenty thousand.

Dr. Gorgas expressed his gratitude to the members of the State Committees for the work they had done in getting men into the service but begged to give a new definition of gratitude:—

"Gratitude is an appreciation of favors already conferred but a still more lively appreciation of favors expected to be conferred."

The Army wishes five thousand more men and the need will be very great. The Medical Corps is good for the present but calls are coming in for men all the time. Gen. Pershing cabled Thursday for five hundred medical men and he must be supplied.

Admiral Braisted, the Surgeon-General of the Navy, was introduced as an optimist. He said he might not always be as optimistic as he looked. He stated that the needs of the Navy were not

quite so great as those of the Army—one thousand men are needed just now and then a constant influx.

Dr. Perry of the Public Health Service represented Dr. Blue, who was out of town.

Mr. W. S. Gifford, Director of the Council of National Defense, was introduced and spoke briefly. In part he said that the object of the Council of National Defense was to co-ordinate the various resources of the nation.

Mr. Julius Rosenwald said that no class of men was making greater sacrifices than the medical men. When they go into service they leave all behind to be taken over by those who don't go.

Col. Caldwell, of the personnel Dept. of the Surgeon-General's Office, presented figures as to the number of medical men in active service in the various corps: Medical Corps, 843; Medical Reserve Corps, 16,552; Medical Corps, National Guard, 1,027; Medical Corps, National Army, 114. He congratulated the profession upon the fact that this "aggregate of medical officers had been contributed to the Medical Department of the Army by purely voluntary effort. It is the desire of the Surgeon-General of the Army, in so far as the medical profession will consent to, and will volunteer to do, to mobilize the medical personnel of the country for the purpose of our military uses. This will best be accomplished by all medical men who are able-bodied, who are professionally competent, and who can leave their civil activities without sacrificing the activities of the community, industry, or corporation to come into the Reserve Corps voluntarily and accept commissions. If this were done, it would be a simple matter for the Surgeon-General to properly officer the military medical forces with competent medical personnel. It would make the task of the Council of National Defense and the different Surgeons-General very easy in taking care of the civil communities wherever they may be in need of competent professional assistance.

"The Personnel Division of the Surgeon-General's Office has arranged to have at convenient places—has about completed the arrangement in every State of the Union, including the Capital—examining boards for applicants for commissions in the Medical Reserve Corps. With this understanding and your efforts when you return home to your activities in the different States, the Surgeon-General feels confident there will be no question as to the securing of 5,000 additional medical officers for the Reserve Corps in the next few months."

Col. Caldwell thinks that legal draft will never be necessary. But every man available should be enrolled and in service.

The requirements are 22-55 years of age, able physically, graduate of reputable medical school, citizen of the United States. If foreign born they must have completed all naturalization papers. A few commissioned men not fully up to physical standard are accepted for restricted duty, but this only rarely.

Asst. Sur. Gen. of the Navy Murphy was introduced and spoke at some length on the immediate needs of the Navy for one thousand men and then for one hundred per month. Since January 1st the Navy has averaged to get fifty per month. The demand is much greater than expected. The age limit is lower than that of the Army for the duties on land and sea are more varied. Men must be prepared for almost any duty, professional or military. Men with specialties may be useful but they

must be prepared for any kind of work.

Major John MacLean, Sec. of the Committees on State Activities, then read his report concerning the various activities of the Committees which are many and varied.

Dr. Edw. P. Davis, the President of the Central Governing Board of the Volunteer Medical Service Corps, gave a very interesting history of the formation of this Corps and its object. He stated that any man or woman is eligible for service in this new Corps who is debarred from the Reserve Corps only by sex, age, physical disability, essential public need, essential institutional need or dependents. The service in this Corps is purely voluntary except under special conditions when men are called upon to do duty which in itself carries compensation. When any of the three Surgeon-Generals requires a man to do any given piece of work he is at liberty to call a member of this Corps and in some instances, where no regular man is available, the regular compensation of the job goes to the volunteer.

The head of the Red Cross is much interested in this Corps and it is expected that much demand will be made by that organization for the services of the Volunteer Corps.

The following are some of the specified duties:—

Work on Advisory Medical Boards;

Teachers;

Caring for families of soldiers and sailors not able to pay;

Sanitation;

Institutional work;

Consulting work at cantonments.

Major MacLean spoke further on the subject of the Volunteer Corps and emphasized the value of the work to be done and referred particularly to the membership clause.

As this closed the prepared program the Chairman called for discussion of the various subjects touched upon by members of the State Committees present.

Among those who addressed the conference was Dr. Harry Sherman, of California. He spoke of General Gorgas's expression of gratitude to the men from the State Committees for their earnest work and presence here. Dr. Sherman said there was no cause for gratitude either way, each was doing his simple duty. Like every other speaker he paid glowing tribute to Dr. Gorgas as a Surgeon-General, as a doctor and as a man.

Dr. John Witherspoon spoke in his usual forceful way of conditions and urged more and better work.

Dr. Slyster of Wisconsin apologized for some of the elections that had been held in his State but promised better things and assured the conference that in spite of the criticism Wisconsin was doing her full duty and more if possible and is a slacker in no detail.

Dr. George Stewart, of New York, addressed the meeting and claimed as New York's nearly every new thing that had been done. His arguments were so good that he pretty nearly convinced the conference—at least everyone was ready to admit anything Dr. Stewart wished. Their Committee has done wonderful work, securing 10% of all the men in the Reserve Corps.

Dr. Franklin Martin, Chairman of the General Medical Board, then spoke to close the session. He said he carried so big a load now that it was diffieult to unload without slopping over.

When Mr. Balfour was here from England his first demand was for doctors. Dr. Martin said that with 146,000

doctors in the United States he did not hesitate to promise "we can send you all you want." England needs two thousand doctors to-day and France needs the same number and never needed them more. We are not sending them as we should. They are not coming forward as they should.

The meeting was then adjourned, to meet in the Cabinet Room of the Hotel Willard at 3 p. m.

The adjourned meeting was called to order promptly at 3 p. m. by the Chairman, Dr. Edward H. Martin, who stated that a tentative plan had been formulated by the Officers of the Medical Section for securing the requisite number of physicians from each State. The scheme is this: That each State Committee, with the help of the County Committees where this seems desirable, take their tabulated lists of the profession in their State and select from that list twice as many men as will be wanted in this first call, and notify each one of those men, preferably by personal interview by the Chairman, or by interview on the part of one of the County Committeemen, or if not that by letter, telling, in the first place, of the broad general need, and, in the second place, of the immediate, pressing and urgent need, and, in the third place, that he has been selected by the State Committee as the man to at once apply for a commission and subject himself to the orders of the Surgeon-General. That seems a simple, comprehensive way, and seems perhaps applicable to this whole country. The problem is different in each State, and each State must settle it for themselves.

"Suppose the man refuses," said Major Martin. "What is your next step? We will then ask you to send his name to the Committee's office in Washington. He will then receive a direct appeal to enlist because you have said he should. Suppose he refuses. We have nothing more to say, but we believe that any man who after that refuses to go into the service will find hell a more comfortable place. So you have them. At the first no violence but the kindest treatment, but if needful I have the greatest confidence in the medical profession. We want no such man among us. It is needful that these men should receive certain definite information in regard to the requirements, the cost of equipment, salary, chance of advancement, and that has been formulated and will be sent to each one of you. We believe that every man between 21 and 31 should be in the service of the United States. If one of our profession has been taken in the selective service and put on the deferred list because of dependents, that is no impediment where enlistment in the Medical Reserve Corps is concerned. Nor has any man under 31 the right to be so prosperous that he can do much better by himself than the United States can do by him financially. We are after them. Our honor is involved. Our duty is to get them, and you will do it."

After consideration by the conference it was moved, seconded and unanimously voted that their plan be carried out.

The quotas for the various States were read and Vermont is requested to have fifty more men enrolled before July 1st and more as needs require. The discussion was general after the adoption of this plan. Question of availability of examiners was raised and we were informed that this was under consideration by the Surgeon-General's Office and announcements might be expected soon.

(Continued on Page 133)

ROSTER

Vermont State
Medical Society

1918

(This section may be removed intact
without injury to magazine.)

Constitution and By-Laws

Vermont State Medical Society

CONSTITUTION

(As adopted Oct. 9, 1902, with subsequent amendments.)

Article I.—*Name*

This Society shall be called the Vermont State Medical Society.

Article II.—*House of Delegates*

Each affiliating County Society in the State shall be entitled to and elect one delegate for every ten active members and one for any additional fraction of more than half that number to represent it at the annual meeting of the State Society.

At the first annual meeting one-half, or as near as may be, of said delegates shall be elected to serve two years and the remainder for one year. At each subsequent annual meeting a sufficient number of delegates shall be elected to complete the quota of that county.

An alternate for each delegate shall be elected at the same time.

The above named delegates shall collectively constitute the House of Delegates of the Vermont State Medical Society, and shall conduct the general business of the annual meeting and elect the officers. They shall elect their own officers and may adopt such By-Laws and Regulations for their own procedure as are not in conflict with the provisions of this Constitution and By-Laws.

No member of the House of Delegates shall be eligible to the offices in this Society of President, Vice-President, Secretary, Treasurer or Auditor.

Article III.—*Officers*

The officers of this society shall be a President, Vice-President, Secretary, Treasurer, Auditor, a Council, which shall consist of the president, secretary and treasurer of this society, and of four councillors elected from four districts as follows: 1st District to consist of Grand Isle, Franklin, Chittenden and Addison Counties; 2nd District, Rutland, Bennington and Windham Counties; 3rd District, Orleans, Orange, Essex and Caledonia Counties; 4th District, Lamoille, Washington and Windsor Counties.

The councillors from the First and Third District shall be elected in odd years to serve two years and those from the Second and Fourth Districts shall be elected in even years to serve two years; a Publication Committee of three members of which the secretary shall be chairman; Executive Committee of which the secretary shall be one, *ex-officio;* a Committee of Necrology of three members; Committee of Legislation of three members; Committee of Health and Public Instruction of five members—all of whom except the council shall be elected annually and shall hold their respective offices until the close of the next annual meeting and until their successors are elected.

There shall also be a committee on Medical Education of three (3) members, to be elected for one, two and three years respectively, and thereafter one (1) member elected each year to serve for three (3) years and until his successor is elected.

There shall be nominated by the House of Delegates each even year, two (2) members whose names shall be submitted to the Governor for appointment to the Board of Medical Registration, in accordance with the provisions of the laws of the State.

The House of Delegates shall elect a medico-legal committee of three members, one to serve for one year, one to serve for two years, and one to serve for three years, and hereafter there shall be elected annually one member to serve for three years and until his successor is elected.

Article IV.—*Meetings*

There shall be an annual meeting of this Society held on the first Thursday and Friday after the second Wednesday in October, at such place as shall be designated by vote of the House of Delegates at the previous annual meeting.

Article V.—*Membership*

The active membership of this society shall consist of the active members of the affiliating County Societies, whose dues to the State Society are paid in accordance with the by-laws of this Society.

Article VI.—*Discipline*

Any member of the Society guilty of intoxication, unprofessional or irregular practice, or of gross immorality, or for other good reasons, may be expelled or suspended from the Society by a two-thirds vote of the House of Delegates present at any annual meeting.

Article VII.—*Changes in Constitution*

This Constitution may be repealed, altered or amended at any annual meeting, by a vote of two-thirds of the members present, provided such repeal, alteration or amendment be proposed at a previous annual meeting.

Article VIII.—*Affiliation with A. M. A.*

This Society shall be an integral part of the American Medical Association, and shall elect delegates and shall transact other necessary business in accordance with the Constitution and By-Laws of the American Medical Association.

Article IX.—*Changes in By-Laws*

The House of Delegates may adopt such By-Laws, not repugnant to this Constitution, and may repeal, alter or amend the same in such manner as a majority of the said House of Delegates at any annual meeting may deem proper.

BY-LAWS

Article I.—*Duties of Officers*

SEC. 1. The President shall preside at all meetings and perform all the duties incident to such office. He shall deliver, or cause to be read, an address or dissertation on some medical subject at the annual meeting at which he presides.

SEC. 2. The Vice-President shall preside in the absence of the President, and shall perform all his duties and possess all his privileges. He shall deliver, or cause to be read, on the first day of the annual meeting, an address on medicine or surgery.

SEC. 3. The Secretary shall keep a record of the proceedings of the Society, and of the members present at each meeting; shall conduct the correspondence; shall procure a stenographer to report the proceedings of each meeting, and shall be paid an annual salary of fifty dollars and necessary expenses. He shall, if unable to attend the meeting of the Society personally, send the records to some member in attendance.

SEC. 4. The Treasurer shall collect from the Treasurer of the County Societies and disburse all moneys of the Society agreeably to the direction of the House of Delegates, and shall make report of his doings to the Society at its annual meeting.

SEC. 5. The Auditor shall examine and verify the accounts of the various officers.

SEC. 6. The Executive Committee shall make selection of a subject or subjects for the program and appoint a Committee of Arrangements of three members for the next ensuing meeting; shall make assignment of parts to any of the members, as in their judgment they think advisable, and report the same to this meeting and to each and every subsequent meeting.

They shall make such other arrangements for the meetings of the Society as they shall deem essential for its best interests.

SEC. 7. The Committee of Arrangements shall be residents of the town where the meeting is to be held. They shall make arrangements for the place of meeting, for a banquet on the evening of the first day, and for space for medical and surgical exhibits, and such other local arrangements as they may deem essential for the success of the meeting.

SEC. 8. The Publication Committee shall receive all papers referred to them by the Society, and as soon as possible subsequent to the annual meeting of the Society shall publish such of those papers as they shall deem best suited to promote the interests of the profession and the public good, under the title Transactions, and perform all other appropriate duties.

SEC. 9. The Committee on Necrology shall report the names of deceased members, and shall cause to be prepared such brief biographies as may in each case be deemed best.

SEC. 10. The Committee on Medical Education shall keep themselves fully informed regarding the standards of Medical Education in the various States; note how their standards compare with those of their own State and embody the facts learned with any recommendations, in an annual report to the State Society.

SEC. 11. It shall be the duty of the Committee on Legislation to receive and examine all resolutions or proposed laws or acts pertaining to medical legislation which may come up at any meeting, and to report on the same at the meeting then in session; also to have charge of all legislative business of the Society which may properly come before the Legislature for enactment, as the Society may direct.

SEC. 12. It shall be the duty of the Committee on Health and Public Instruction to act with the Council on Health and Public Instruction of the American Medical Association and to spread proper instruction in Public Health matters among the people of this State.

Article II.—*Membership Dues*

SECTION 1. The fiscal year of this Society and of the affiliating County Societies shall begin January 1st.

SEC. 2. Dues are payable January first for the ensuing year. Each County Treasurer shall collect and forward to the State Treasurer with a report of the members whose dues are therewith paid, not later than March 31st of each fiscal year, from each member of his County Society the sum of $4.00 for the State Society, in addition to any amount that may be voted by the County Society for its own use.

SEC. 3. On April first of each year a new roster shall be compiled by the Secretary. This roster shall include the names of only those who have paid their dues in full for the current year. Only those who have so paid their dues shall be considered members in good standing. Those dropped from the previous roster shall be notified by the Secretary.

SEC. 4. Any member who has been dropped from the Society for the non-payment of dues, may be reinstated by paying all arrears.

SEC. 5. No member, who is not in good standing, shall receive any of the publications of the Society and no member shall receive the benefits of the Medico-legal defense provisions of this Society in defense of any act that occurred while he was not in good standing.

SEC. 6. Members who have been in good standing in their County Societies during the preceding 5 years and have reached the age of 65 may be carried as active members of County and State Societies without further payment of dues.

SEC. 7. Any physician joining a component County Medical Society after the 30th of September of any year shall be entitled to all the privileges of this Society for the remainder of the year upon payment of such sums for the County Society as they shall vote and 50 per cent of the annual dues for the Vermont State Medical Society, provided he has never before been a member of a County Society in Vermont.

SEC. 8. That there shall be adopted an uniform system of book and record keeping and this Society shall furnish the County Societies uniform blanks for all compulsory reports, statements and receipts and such other stationery as must be used by the County Societies.

Article III.—*Honorary Members*

The Society may elect at each annual meeting, not more than two honorary members, nonresidents of the State, who shall have the same privileges as ordinary members, except that they shall not be eligible to office nor have the right to vote.

Article IV.—*Delegates*

Delegates shall be elected annually by the House of Delegates to represent this Society at the annual meetings of the State Medical Societies of the New England States and New York and such other societies as the mutual interests of the societies may direct. A delegate and an alternate shall be elected every even year to represent the Society at the annual meeting of the American Medical Association.

Credentials shall be issued to delegates by the secretary when he is duly notified of the time and place of the meeting they are to attend. In case a delegate is unable to attend the meeting to which he is elected, it shall be his duty to notify the secretary of his inability to attend, and the secretary and president shall appoint another to fill his place.

Article V.—*Discussion of Papers*

One or more members of the Society shall be appointed by the Secretary to open the discussion on each paper to be presented at any meeting.

Article VI.—*Withdrawals*

Any member wishing to withdraw from the Society shall be permitted to do so on his writ-

ten request after he shall have presented the Treasurer's receipt for all moneys due.

Article VII.—*Publication of Constitution*

The Constitution and By-Laws, together with the names and residences of the members in good standing, shall be published in every volume of the Transactions.

Article VIII.—*Obituaries*

The names of deceased members of the Society, with the dates of birth, graduation, admission to membership, death, and such other items in brief, of personal history, as may seem desirable to the Committee on Publication, shall be printed in each copy of the Transactions, under the caption, "In Memoriam."

Article IX.—*Time for Papers*

No author shall consume more than twenty minutes in reading or presenting a paper, and no one shall speak more than five minutes in the discussion of a paper, without unanimous consent of the members present.

Article X.—*Addresses Property of Society*

All addresses and papers presented in the County and State Societies thereby become the property of the State Society, and shall be placed in the hands of the Secretary within one week after the meeting, for insertion in the Transactions.

Article XI.—*Order of Business*

The program as prepared by the Executive Committee and published in accordance with the By-Laws by the Secretary shall constitute the order of business, and can not be changed or suspended, except for a definite purpose, a limited time and by a two-thirds vote of the members present.

Article XII.—*Exhibitions*

The Committee of Arrangements of each annual meeting shall grant the privileges of exhibition, under the auspices of the Society, only to such pharmaceutical preparations as are recognized by the United States Pharmacopoeia, or are not protected by trade mark, secrecy of preparation or other exclusive proprietorship.

Article XIII.—*The Council*

SECTION 1. The Council shall consist of the President, Secretary and Treasurer of this Society, and of four Councillors elected from four Districts as follows; 1st District to consist of Grand Isle, Franklin, Chittenden and Addison Counties. 2nd District — Rutland, Bennington and Windham. 3rd District — Orleans, Orange, Essex and Caledonia. 4th District — Lamoille, Washington and Windsor.

The Councillors from the 1st and 3rd Districts shall be elected on the odd years to serve two years and those from the 2nd and 4th Districts shall be elected on the even years to serve two years.

In the year 1914 Councillors shall be elected from the 1st and 3rd Districts to serve for one year only.

SEC. 2. The Council shall manage the affairs of this Society when the House of Delegates is not in session.

The meetings of the Council shall be called by the President at his discretion or upon the written request of ten members of the Society.

SEC. 3. Each Councillor shall be organizer and peacemaker for his district. He shall visit the counties in his district at least once a year for the purpose of enquiring into the conditions of the profession and for improving and increasing the zeal of the county societies and shall aid the officers of the county societies in his district in increasing the membership and shall make an annual report of the conditions of the profession in his district and of the county societies therein to the House of Delegates.

The necessary traveling expenses incurred by such councillors in the line of duties herein imposed shall be allowed upon the approval of the President and Secretary, but this shall not be construed to include his expenses in attending the annual meeting of the Society.

Article XIV.—*Members from No-Society Counties*

In counties not having a society, any physician in good standing may become a member of the society of any adjoining county.

Article XV.—*Reports of House of Delegates*

The House of Delegates shall report through its Clerk its actions to the Society at the opening of each session, provided the House of Delegates shall have held a session prior to that time and shall present through its Clerk a report of all its actions to the Secretary of the Society, which report shall be a part of the records and published in the Transactions.

Article XVI.—*Transfers*

When a member of a county Society desires to join the society in another county, he may be allowed to do so upon a favorable vote of both the society to which he geographically belongs, and of the County Society which he wishes to join.

Article XVII.

SECTION 1. The State Society may defend its members sued for malpractice.

SEC. 2. It shall be the duty of the medico-legal committee to investigate and defend suits against members in good standing for alleged malpractice.

SEC. 3. The Society will pay all costs of the defence of such a suit, including the furnishing of the Society's attorney, and all necessary court and witness fees, provided the defendant member complies with these By-Laws; and provided it does not appear that the claim made is a just one.

SEC. 4. As soon as a member is threatened, or if not threatened, as soon as action is commenced, he must make immediate written communication with the Secretary of the Committee, giving a full and complete statement of all the facts in the case and authorizing the Society to defend the action.

The defendant shall not incur any expense, or interfere in any subsequent legal proceedings without the consent of the Society, previously given in writing. And when requested by the Society, or its attorney, such defendant shall aid in securing evidence, the attendance of witnesses, and in prosecuting appeals.

SEC. 5. In no case will the Society pay damages, or any award or compromise, effected out of court, with or without its consent and advice. And if any case should not be defended according to the tenor of these By-Laws, no action shall lie against the Society for any liability therefor, unless it shall be brought by such defendant for expense actually sustained and paid in money by him, and within ninety days after final judgment in his favor is rendered upon trial of the issue.

SEC. 6. In case of payment of taxable costs by the Society, the Society shall be subrogated to the extent of such payment to all rights of recovery by the defendant against the plaintiff, his surety or sureties for costs, or their estates.

BY-LAWS AND REGULATIONS OF HOUSE OF DELEGATES

1st. The officers of this body shall consist of a President, two Vice-Presidents and a Secretary, all of whom shall be elected from members whose tenure of office as delegates does not expire during the year for which they are severally elected.

2nd. The duties of officers shall be the same as those of similar officers in other like organizations, and the Secretary shall at the close of the session turn over the records to the Secretary of the State Medical Society.

3rd. The first meeting of the House of Delegates at each annual meeting of the Society, shall be held at 5 p. m. of the first day.

OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1917-1918

Next Annual Session, Chicago, June 10-14, 1918

President—Charles H. Mayo, Rochester, Minn.

President-Elect—Arthur Dean Bevan, Chicago.

First Vice-President—Edward H. Bradford, Boston.

Second Vice-President—John McMullen, Lexington, Ky.

Third Vice-President—Lawrence Litchfield, Pittsburgh.

Fourth Vice-President—Holman Taylor, Fort Worth, Tex.

Secretary—Alexander R. Craig, 535 N. Dearborn St., Chicago.

Treasurer—William Allen Pusey, Chicago.

Chairman, House of Delegates—Hubert Work, Pueblo, Colo.

Vice-Chairman, House of Delegates—Dwight H. Murray, Syracuse, N. Y.

Editor and General Manager—George H. Simmons, 535 N. Dearborn St., Chicago.

Board of Trustees—M. L. Harris, Secretary, Chicago, 1918; Wendell C. Phillips, New York, 1918; Thomas McDavitt, Chairman, St. Paul, 1918; A. R. Mitchell, Lincoln, Neb., 1919; *E. J. McKnight, Hartford, Conn., 1919; Oscar Dowling, Shreveport, La., 1919; Philip Marvel, Atlantic City, 1920; W. T. Sarles, Sparta, Wis., 1920; H. Bert Ellis, Los Angeles, Calif., 1920.

Judicial Council—A. B. Cooke, Los Angeles, Calif., 1918; Alexander Lambert, Chairman, New York, 1919; James E. Moore, Minneapo-

lis, Minn., 1920; H. A. Black, Pueblo, Colo., 1921; Randolph Winslow, Baltimore, 1922; Alexander R. Craig, Secretary, 535 N. Dearborn St., Chicago.

Council on Health and Public Instruction—W. S. Rankin, Raleigh, N. C., 1918; H. M. Brackeu, Minneapolis, 1919; Milton Board, Louisville, Ky., 1920; Frank Billings, Chairman, Chicago, 1921; Walter B. Cannon, Boston, 1922; Frederick R. Green, Secretary, 535 N. Dearborn St., Chicago.

Council on Medical Educatiou—H. D. Arnold, Chairman, Bostou, 1918; H. Gideon Wells, Chicago, 1919; Robert C. Coffey, Portland, Ore., 1920; W. D. Haggard, Nashville, Tenn., 1921; William Pepper, Philadelphia, 1922; N. P. Colwell, Secretary, 535 N. Dearborn St., Chicago.

Council on Scientific Assembly—Roger S. Morris, Cincinnati, 1918; George H. Simmons, Chicago, 1919; J. Shelton Horsley, Richmond, Va., 1920; E. S. Judd, Chairman, Rochester, Minn., 1921; Alexander R. Craig, Secretary of the Association, ex-officio.

Council on Pharmacy and Chemistry—John Howland, Baltimore, 1919; Henry Kraemer, Ann Arbor, Mich., 1919; C. L. Alsberg, Washington, D. C., 1919; G. W. McCoy, Washington, D. C., 1920; F. G. Novy, Ann Arbor, Mich., 1920; George H. Simmons, Chairman, Chicago, 1920; L. G. Rowntree, Minneapolis, 1921; Torald Sollmann, Cleveland, 1921; Lafayette B. Mendel, New Haven, 1921; Reid Hunt, Boston, Mass., 1922; J. H. Long, Chicago, 1922; Julius Stieglitz, Chicago, 1922; R. A. Hatcher, New York City, 1923; A. W. Hewlett, San Francisco, 1923; W. T. Longcope, New York City, 1923; W. A. Puckner, Secretary, 535 N. Dearborn St., Chicago.

OFFICERS OF THE VERMONT STATE MEDICAL SOCIETY

President—C. W. Bartlett, Bennington.

Vice-President—Wm. Lindsay, Montpelier.

Secretary—Wm. G. Ricker, St. Johnsbury.

Treasurer—David Marvin, Essex Junction.

Auditor—W. J. Upton, St. Albans.

Councillors—1st Dist., J. N. Jenne, Burlington; 2nd Dist., S. W. Hammond, Rutland; 3rd Dist., F. E. Farmer, St. Johnsbury; 4th Dist., A. C. Bailey, Randolph.

Executive Committee—Wm. G. Ricker, St. Johnsbury; David Marvin, Essex Junction; M. F. McGuire, Montpelier.

Publication Committee—Wm. G. Ricker, St. Johnsbury; A. S. M. Chisholm, Bennington; C. F. Dalton, Burlington.

Legislative Committee—F. W. Sears, Burlington; W. N. Bryant, Ludlow; H. H. Swift, Pittsford.

Medical Education Committee—G. C. Rublee (1918), Hardwick; F. E. Clark (1919), Burlington; C. S. Caverly (1920), Rutland.

Necrology Committee—E. H. Ross, St. Johnsbury; E. M. Brown, Sheldon; F. L. Osgood, Townsheud.

Medico-Legal Committee—Wm. Bryant (1918), Ludlow; E. A. Hyatt (1919), St. Albans; J. N. Jenne (1920), Burlington.

Health and Public Instruction Committee—C. F. Daltou, Burlington; J. H. Blodgett, Bellows Falls; E. A. Hyatt, St. Albans; F. E. Farmer, St. Johnsbury; J. W. Stewart, Barre.

Delegates to the State Societies—Connecticut River Valley Medical Association, A. L. Patch, Windsor; White River Medical Society, A. L. Miner, Bellows Falls; Maine State Medical Society, W. N. Bryant, Ludlow; New Hampshire Medical Society, J. N. Jenne, Burlington; Massachusetts Medical Society, O. G. Stickney, Barre; Rhode Island Medical Society, B. D. Colby, Sudbury; Medical Society of the State of New York, F. W. Sears, Burlington; A. M. A., F. T. Kidder, Woodstock.

Local Committee of Arrangements—J. N. Jenne, Burlington; B. D. Adams, Burlington; J. H. Dodds, Burlington.

Anniversary Chairman, A. E. Colton, Montpelier.

OFFICERS OF THE HOUSE OF DELEGATES

President—J. M. Hamilton, Rutland.

1st Vice-President—C. J. Rumrill.*

2nd Vice-President—A. O. Morton, St. Albans.

Secretary—David Brown, Lyndonville.

*Deceased.

VERMONT MEDICINE

Editor—A. S. M. Chisholm, Bennington.

Business Manager—Jas. M. Hamilton, Rutland.

1918 Roster

(Corrected to April 1st, 1918.)

ADDISON COUNTY MEDICAL SOCIETY

OFFICERS

President—Charles Henry Dean, Salisbury.
Vice-President—Peter Leo Dorey, Middlebury.
Secretary and Treasurer—Peter Leo Dorey, Middlebury, acting.
Librarian—Merritt Henry Eddy, Middlebury.
Delegate for one year—Stanton Seeley Eddy, Middlebury.
Delegate for two years—Isaac Paul Sharon, Shoreham.
Alternates—Leonard Blake Rowe, Orwell; R. W. Prentiss, Middlebury; George F. Edmunds, Bristol.

MEMBERS

Blaisdell, Edson George .....Bridport
Briggs, Frank T. .....Bristol
Bump, Orlo Myron .....Salisbury
Campbell, John Lincoln .....Warren
Carroll, Dennis James .....Vergennes
Collins, George Pease .....Ferrisburg
Dorey, Peter Leo .....Middlebury
Eddy, Merritt Henry .....Middlebury
Eddy, Stanton Seeley .....Middlebury
Edmunds, George F. .....Bristol
Norton, Anson Mortimer .....Bristol
Phelps, Frank Cooley .....Vergennes
Pilon, Edward .....Vergennes
Platt, Mary A. Mixer .....Shoreham
Porter, Edward O. .....Cornwall
Prentiss, R. W. .....Middlebury
Rogers, Frank M. .....Vergennes
Rowe, Leonard Blake, Capt. M. R. C. ..Orwell
Sharon, Isaac Paul .....Shoreham
Wade, Henry .....Starksboro
Waterman, Vance William .....Vergennes
White, Walter James, 1st Lieut. M. R. C. Middlebury
Williamson, Harold Lyman .....Bristol

(23 members.)

Fixed Meetings.—First Thursday of January and July (annual), and upon call of Secretary.

BENNINGTON COUNTY MEDICAL SOCIETY

OFFICERS

President—John Ira Cochrane, East Dorset.
Vice-President—James Lyman Lovejoy, Manchester Depot.
Secretary and Treasurer—Lucretius Henry Ross, Bennington.
Auditor—Henry Skinner Goodall, Bennington.
Delegates—Joel Brown Woodhull, No. Bennington (one year); Frederick C. Liddle, Dorset (two years).

MEMBERS

Bartlett, Clayton Witters .....Bennington
Calahan, Luther John, 1st Lieut. M. R. C. Manchester
Campbell, Claude Melnotte .....Manchester
Chisholm, Adam Stuart Muir ....Bennington
Cochrane, John Ira .....East Dorset
Dean, Frank Edward .....S. Shaftsbury
Dean, Frank Edward, Jr.....N. Bennington
Flood, William Arthur, 1st Lieut. M. R. C. N. Bennington
Gleason, David A. .....N. Bennington
Goodall, Henry Skinner .....Bennington
Kelley, Linwood Major ....Manchester Center
Liddle, Frederick C. .....Dorset
Lovejoy, James Lyman, 1st Lieut. M. R. C. Manchester
O'Donnell, Daniel Vincent .....Bennington
Potter, Everett Eli .....N. Pownal
Putnam, Warren Edward .....Bennington
Ross, Lucretius Henry .....Bennington
Russell, George Albert, 1st Lieut. M. R. C. Arlington
Trull, Edgar Valentine .....Manchester
Whipple, Frank Edward ..Manchester Center
Wilson, John R. .....Bennington
Woodhull, Joel Brown .....N. Bennington
Wright, Allen Henry .....Wilmington

(23 members.)

Fixed Meetings.—Second Wednesday of January, April, July (annual) and October.

CALEDONIA COUNTY MEDICAL SOCIETY

OFFICERS

President—David Russell Brown, Lyndonville.
Vice-President—Archie Lee Leonard, Lyndon.
Secretary and Treasurer—Hugh Herald Miltimore, St. Johnsbury.

Delegates—David Russell Brown, Lyndonville (two years); John Willard Wesley, St. Johnsbury (two years); Albertus Allen Cheney, Lyndonville (one year); Frank Emerson Farmer (one year).

Censor—Edward Harlan Ross, St. Johnsbury; Archie Lee Leonard, Lyndonville.

Alternates—Appointed by delegate if unable to attend.

MEMBERS

Allen, John Milton .....St. Johnsbury
Brown, David Russell, 1st Lieut. M. R. C. Lyndonville
Burke, Robert H. .....St. Johnsbury
Cheney, Albertus Allen .....Lyndonville
Cramton, Charles Augustus .. St. Johnsbury
Crane, Edward M. .....Hardwick
Darling, George Washington ..South Ryegate
Davis, Fred H. .....Lyndonville
Eliot, Henry Augustus .....Barnet
Fairbanks, Charlotte .....St. Johnsbury
Farmer, Frank Emerson .....St. Johnsbury
Ferris, Alson David .....Hardwick
Fitch, Willis Bryan .....St. Johnsbury
French, George B. .....Concord
Gibson, John Mitchell .....McIndoe's Falls
Johnson, Russell T. .....West Concord
Kinney, Albert Clark, 1st Lieut. M. R. C. East Hardwick
Kinney, Frederick Cushman ..Greensboro Bend
Leonard, Archie Lee .....Lyndon
Libbey, Charles Emerson, Capt. M. R. C. Danville
McKinley, Leslie Edwin.....Newbury
McSweeney, Roland M. .....St. Johnsbury
Miltimore, Hugh Herald .....St. Johnsbury
Pache, Henri L. .....Danville
Prevost, Charles A. .....St. Johnsbury
Ricker, William Gray .....St. Johnsbury
Ross, Edward Harlan .....St. Johnsbury
Rublee, George Clark, 1st Lieut. M. R. C. Hardwick
Tierney, John Patrick, 1st Lieut. M. R. C. St. Johnsbury
Stiles, Truman Ransom .....St. Johnsbury
Walsh, Frank M. .....St. Johnsbury
Wesley, John Willard .....St. Johnsbury
Woodman, W. B. ..... Wells River

(33 members.)

Fixed Meetings.—Second Tuesdays of January, April and July and third Tuesday of October (annual).

BURLINGTON AND CHITTENDEN CLINICAL SOCIETY

OFFICERS

President—Frederick William Sears, Burlington.

Vice-President—Charles Kimball Johnson, Burlington.

Secretary and Treasurer—Benjamin Dyer Adams, Burlington.

Executive Committee—E. S. Towne, Burlington; Clifford Atherton Pease, Burlington; Thomas Embelton Hays, Burlington.

Delegates to the State Society for one year—J. A. Archambault, Essex Junction; David Marvin, Essex Junction; Francis Joseph Arnold, Burlington; Ernest Hiram Buttles, Burlington.

Alternates for one year—Henry Abner Ladd, Burlington; Charles Kimball Johnson, Burlington; Robert Leland Maynard, Burlington; George Octave Coutu, Burlington.

Delegates for two years—Bingham Hiram Stone, Burlington; Oliver Newell Eastman, Burlington; John Brooks Wheeler, Burlington.

Alternates for two years—Frederick William Sears, Burlington; Benjamin Dyer Adams, Burlington; Lyman Allen, Burlington.

MEMBERS

Adams, Benjamin Dyer .....Burlington
Allen, Lyman .....Burlington
Allen, Truman James .....Waterbury
Archambault, J. A. .....Essex Junction
Arnold, Francis Joseph .....Burlington
Beecher, Clarence Henry .....Burlington
Bombard, Bird Joseph Arthur ....Burlington
Branch, George Harvey .....Grand Isle
Brown, Edmund Towle .....Burlington
Brown, Thomas Stephen, Capt. M. R. C. Burlington
Buttles, Ernest Hiram .....Burlington
Caldwell, Nathan Renwick, Capt. M. R. C. Groton
Caron, Napoleon J. .....So. Hero
Clark, Frederick Elsworth, Capt. M. R. C. Burlington
Clovey, W. H. .....Burlington
Coburn, Irving Smith .....Milton
Coutu, George Octave .....Burlington
Crossman, Edgar O. .....Burlington
Dalton, Charles Francis .....Burlington
Dodds, John Hazen .....Burlington

Eastman, Oliver Newell .....Burlington
Englesby, William Hudson .....Burlington
Ennis, Frank G. .....Burlington
Flagg, Robert Cushman .....Middlebury
Forbes, George Isaac .....Burlington
Frank, Barnet .....Burlington
Gannon, C. L. .....Burlington
Goodrich, Stewart L. .....Waterbury
Hawley, Donly Curtis .....Burlington
Hays, Thomas Embelton .....Burlington
Heath, E. A. .....Winooski
Hill, A. S. C. .....Winooski
Holcomb, Luman Clayton .....Milton
Hopkins, Harry D. .....Waterbury
Howard, Sue Emma Hertz .....Burlington
Hunter, John Alexander.....Burlington
Hurlburd, George Benjamin .....Jericho
Jackson, Frederick Kinney .....Burlington
Jenne, James Nathaniel .....Burlington
Johnson, Charles Kimball .....Burlington
Johnson, Robert William .....Burlington
Ladd, Henry Abner .....Burlington
Lane, Edward Stevens .....No. Ferrisburg
Larner, Arthur Leo, 1st. Lieut. M. R. C.
Burlington
Lewis, F. G. .....100 William St., New York
Lyman, William Anderson .....Burlington
Marvin, David .....Essex Junction
Maynard, Robert Leland, 1st Lieut. M. R. C.
Burlington
McCambridge, Leonard .....Burlington
McSweeney, Patrick Eugene .....Burlington
Mitchell, William Hayes, Major M. R. C.
Shelburne
Morrison, Sidney Leon .....Burlington
Nay, Winfield Scott .....Underhill
Norton, James S. .....Shelburne
Pease, Clifford Atherton .....Burlington
Perkins, Charles N. .....Burlington
Rich, Frank Abiram .....Burlington
Rist, Gilbert Frank .....Burlington
Sabin, George Millar .....Burlington
Sears, Frederick William .....Burlington
Shea, Daniel A. .....Burlington
Smart, Chester Louis, 1st Lieut. M. R. C.
Burlington
Sparhawk, Sam .....Burlington
St. Antoine, Eugene, 1st Lieut. M. R. C.
Burlington
Stone, Bingham Hiram .....Burlington
Tanner, James Drummond .....Burlington
Tilley, William Taft .....Richmond
Tinkham, Henry Crain .....Burlington
Towne, E. S. .....Burlington
Twitchell, Emmus G. C., Capt. M. R. C.
Burlington
Twitchell, Marshall Coleman .....Burlington
Watkins, Harris Ralph .....Burlington
Wheeler, John Brooks, 1st Lieut. M. R. C.
(Advisor to Governor of Vermont)
Burlington
Whitney, Charles Flagg .....Burlington
Wilder, Henry Lawrence .....Burlington

(75 members.)

Meetings.—As arranged by the Executive Committee, usually the last Thursday of each month except July and August. Annual meeting in September.

FRANKLIN COUNTY MEDICAL SOCIETY

OFFICERS

President—Howard Horace Johnson, St. Albans.

Vice President—Herbert Lorenzo Pierce, Swanton.

Secretary and Treasurer—Waldo Jesse Upton, St. Albans.

Censors—Rollin Milo Pelton, Richford; William B. Arnold, St. Albans; H. D. Hinman, Enosburg Falls.

Delegates—Raymond Brown Thomas, Enosburg Falls (one year); Winfred Harmon Wright, Franklin (one year); Arthur Oscar Morton, St. Albans (two years); Charles Gordon Abell, Enosburg Falls (two years).

Alternates—William B. Hyde, Bakersfield; Seth H. Martin, Alburgh; John Marie Caisse, Swanton.

MEMBERS

Abell, Charles Gordon .....Enosburg Falls
Allen, Clarence E. .....Swanton
Arnold, William B. .....St. Albans
Berkley, George Carlton .....St. Albans
Brown, Edwin Merriam .....Sheldon
Caisse, John Marie, 1st Lieut. M. R. C.
Swanton
Clark, G. S. .....Richford
Cross, Abraham Lincoln .....Swanton
Davidson, Alan .....St. Albans
Hall, James B. .....E. Franklin
Hanson, Herbert Hill, 1st Lieut. M. R. C.
E. Berkshire

Hinman, H. D. .....Enosburg Falls
Hutchinson, William Watson ..Enosburg Falls
Hyatt, Edwin Arnold .....St. Albans
Hyde, William B. .....Bakersfield
Johnson, Cyrus Ulysses .....West Berkshire
Johnson, Howard Horace .....St. Albans
King, James Samuel .....Isle La Motte
Lape, Edmund Rushmore .....Swanton
Martin, Seth H., Capt. M. R. C. .....Alburgh
Montefiore, Herbert N. .....St. Albans
Morton, Arthur Oscar .....St. Albans
Norris, Francis William .....St. Albans
Paige, Stephen William ..... St. Albans
Patton, J. R. .....Fairfield
Pelton, Rollin Milo .....Richford
Perrault, Joseph G. .....St. Albans
Pierce, Herbert Lorenzo .....Swanton
Powers, Dennis O. .....Highgate
Pratt, Chas. Ai .....Enosburg Falls
Scofield, Columbus Sewell .....Richford
Sherwood, Grace .....St. Albans
Thomas, Raymond Brown, 1st Lieut. M. R. C. Enosburg Falls
Upton, Waldo Jesse .....St. Albans
Welch, Rodman E. .....Franklin
Wright, Winfred Harmon .....Georgia
Worden, Rollin D., 1st Lieut. M. R. C. Montgomery

(37 members.)

Fixed Meetings.—Second Wednesday of May (annual) and third Wednesday in September.

LAMOILLE COUNTY MEDICAL SOCIETY

OFFICERS

President.—Chester Sylvester Leach, Hyde Park.
Vice-President.—Wm. Taft Slayton, Morrisville.
Secretary and Treasurer.—Alden Vernon Cooper, Walcott.
Delegate.—Geo. Lucian Bates, Morrisville.
Alternate.—Wm. Taft Slayton, Morrisville.
Censors.—Chas. Wright Bates, Morrisville; John Milton Stevens, Hyde Park; George Lucien Bates, Morrisville.

MEMBERS

Barrows, Harry Willard .....Stowe
Bates, Chas. Wright .....Morrisville
Bates, George Lucian, Capt. M. R. C. Morrisville
Cooper, Alden Vernon .....Walcott
Holcomb, Lyndhurst Prime .....Johnson
Leach, Chester Sylvester, 1st Lieut. M. R. C. Hyde Park
Maurice, Geo. Byron .....Waterville
Prentiss, Roger Gaylord .....Johnson
Slayton, Wm. Taft .....Morrisville
Valleau, Archibald J. .....Morrisville

(10 members.)

Fixed Meetings.—First Wednesday of January and July.

ORLEANS COUNTY MEDICAL SOCIETY

OFFICERS

President—Albert Duane Longe, Newport.
Vice-President—Percy C. W. Templeton, Irasburg.
Secretary and Treasurer—James Frank Blanchard, Newport.
Delegate—A. M. Goddard, Albany (one year).
Alternates—Ransom Willis Adams, Newport Center (two years); H. E. Sargent, Island Pond (one year).
Censors—Ozias Boynton Gould, Newport; A. M. Goddard, Albany; J. F. Blanchard, Newport.

MEMBERS

Adams, G. F. .....Newport
Adams, Ransom Willis .....Newport Center
Aldrich, Fred Noble, 1st Lieut. M. R. C. Derby
Blanchard, James Frank .....Newport
Butterfield, Alfred Mitchell .....North Troy
Colby, J. C. .....Stanstead, P. Q.
Erwin, Charles Lovejoy .....Newport Center
Gatchell, Robert A. .....Beebe Plain
Goddard, A. M. .....Albany
Gould, Ozias Boynton .....Newport
Hastings, F. R. (Canadian Army) ....Barton
Kendrick, J. F. .....W. Charleston
Longe, Albert Duane .....Newport
Sargent, H. E. .....Island Pond
Somers, Henry Elijah, 1st Lieut. M. R. C. Newport
Templeton, P. C. W. .....Irasburg
Wells, Robert Moore .....Orleans
Wright, Joel Fitz .....Orleans

(18 members.)

Annual Meeting.—Second Wednesday in May

RUTLAND COUNTY MEDICAL SOCIETY

OFFICERS

President—Wm. Stickney, Chief Surgical Section, Base Hospital, Camp Upton.

Vice-President—George Davenport Parkhurst, Fair Haven.

Secretary and Treasurer—Frederick Henry Gebhardt, Naval Training Station, Newport, R. I.

Acting Secretary and Treasurer, Harry Richard Ryan, Rutland.

Auditors—Hiram L. Manchester, Pawlet; Walter Grant Hodsdon, Rutland.

Censors—John Henry Miller, Wallingford, John Wesley Estabrook, Brandon.

Delegates for two years—James Madison Hamilton, Rutland; Charles E. Griffin, Fair Haven; Ralph Hunt Seeley, Castleton.

Holding over for one year—Edward James Rogers, Pittsford; Schuyler Weston Hammond, Rutland; *Edward Dyer Ellis, Poultney.

Alternates—Osgood Flint Clough, Poultney; Thomas Henry Hack, Proctor; Edgar Ianson Hall, Rutland; George Guerin Marshall, Balboa Heights, Panama; Sherwin Aldrich Cootey, Wallingford; Thomas Edward Larner, Rutland.

MEMBERS

Baker, Orville Clark .....Brandon
Ball, Clarence Franklin .....Rutland
Bellerose, Alberic Hyacinth .....Rutland
Bryant, William Nelson .....Ludlow
Carty, J. H. .....Fair Haven
Caverly, Charles Solomon .....Rutland
Chellis, Ernest O. .....Rutland
Clark, Edward Russell .....Castleton
Clough, Osgood Flint .....Poultney
Colby, Bernie Dennis, 1st Lieut. M. R. C. Sudbury
Cootey, Sherwin Aldrich, 1st Lieut. M. R. C. Wallingford
Cootey, Thomas Albert .....Rutland
Delehanty, Nicholas James, Capt. M. R. C. Rutland
Dervin, John Joseph .....Poultney
Eastwood, James Stuart .....Brandon
*Ellis, Edward Dyer .....Poultney
Estabrook, John Wesley .....Brandon
Everett, Frank H., 1st Lieut. M. R. C. Castleton
Farrell, Edward V., 1st Lieut. M. R. C. Danby
Fleming, Charles F., 1st Lieut. M. R. C. West Rutland
Gale, Charles Alson .....Rutland
Gebhardt, Frederick Henry, Lieut. Junior Grade, Naval Reserve ..... Rutland
Gilchrist, Oscar James .....Rutland
Griffin, Charles E. .....Fair Haven
Grinnell, William Henry .....Rutland
Hack, Thomas Henry .....Proctor
Hagan, Thomas Joseph, Major National Guard, Pittsford
Hall, Edgar Ianson .....Rutland
Hamilton, James Madison .....Rutland
Hammond, Schuyler Weston .....Rutland
Hanrahan, Hugh Henry, 1st Lieut. M. R. C. Rutland
Hanrahan, John David .....Rutland
Heidel, Louis Albertas .....Rutland
Hodsdon, Walter Grant .....Rutland
Horner, John Smith .....West Pawlet
Hudson, Elmo Jerome .....East Corinth
Lape, Rushmore .....Fairhaven
La Pierre, J. M. .....Pittsford
Larner, Thomas Edward .....Rutland
Manchester, Hiram L. .....Pawlet
Marshall, George Guerin, Capt. M. R. C. Rutland
Martyn, Herbert S. .....Cuttingsville
Miller, John Henry .....Wallingford
Newton, Jasper P. .....Benson
Norton, A. C. .....Middletown Springs
Parkhurst, George Davenport ....Fair Haven
Perry, Clarence C. .....West Rutland
Pierce, Duane Charles .....Ludlow
Pond, Edmund Morse .....Rutland
Powers, Bradford Cleaver .....Rutland
Quigley, Francis Edward .....Rutland
Rogers, Edward James .....Pittsford
Ross, Carroll Baldwin .....West Rutland
Russell, Frederic J. .....Brandon
Rustedt, George .....Rutland
Ryan, Harry Richard .....Rutland
Seeley, Ralph Hunt .....Castleton
Smith, Clifton Henry .....West Rupert
Smith Ray Ernest, 1st Lieut. M. R. C., Rutland
Stewart, William E. .....Wallingford
Stickney, William, Major M. R. C. ....Rutland
Swift, Charles H. .....Rutland
Swift, Henry Haven .....Pittsford

*Deceased.

Thomson, Jesse Eugene .....Rutland
Townseud, William Warren, Major M. R. C. Rutland

(66 members.)

Fixed Meetings.—Second Tuesday of January, April and July (annual) and third Tuesday of October.

WASHINGTON COUNTY MEDICAL SOCIETY

OFFICERS

President—Clarence Harvey Burr, Montpelier.
Vice-President—Myron Leonard Chandler, Barre.
Secretary and Treasurer—Harlow Adolphus Whitney, Northfield.
Auditor— DeForest Clinton Jarvis, Barre.
Censors—Albion Arthur Cross, Williamstown; E. E. Ellis, Brookfield; Michael Francis McGuire, Montpelier.
Delegates for oue year—Fred E. Steele, Jr., Waterbury; Joseph Wells Jackson, Barre; William Edwin Lazelle, Barre.
Alternates for one year—W. J. Howard, Waitsfield; Nathan Elmore Avery, East Barre; John H. Judkins, Northfield.
Delegates for two years—Augustus T. Marshall, Chelsea; *Clinton James Rumrill, Randolph.
Alternates for two years—Warren D. Turner, Worcester; Leon B. Allen, Post Mills.

*Deceased.

MEMBERS

Allen, Leon B. .....Post Mills
Angell, Frank C., 1st. Lieut. M. R. C. Randolph
Archambault, F. X. Zenon .....Barre
Avery, Nathan Elmore .....East Barre
Bailey, A. C. .....Randolph
Bailey, Ernest Harry .....Graniteville
Bidwell, George Smith .....Waterbury
Bisbee, Arthur B. .....Montpelier
Burbank, Lester Warren .....Cabot
Burr, Clarence Harvey .....Montpelier
Carver, Herbert Sales .....Barre
Chandler, Charles E. .....Montpelier
Chandler, Charles Porter, 1st Lieut. M. R. C. Montpelier
Chandler, Myron Leonard .....Barre
Colton, Edwin A. .....Montpelier
Corson, Frank Earl .....Marshfield
Cross, Albiou Arthur, 1st Lieut. M. R. C. Williamstown
Dewey, Julius Edward, 1st Lieut. M. R. C. Montpelier
Ellis, Elmer E. .....Brookfield
Gifford, John P. .....Randolph
Goodrich, Vernon Clayton.....Barre
Hall, George Guy, 1st Lieut. M. R. C. So. Woodbury
Hanson, Lester Warren .....Montpelier
Harkness, Waldo Russell .....Montpelier
Harriman, Frederick Whitmore, 1st Lieut. M. R. C. .....Montpelier
Hunt, Chauncey Earle .....Montpelier
Jackson, Joseph Wells .....Barre
Jarvis, DeForest Clinton .....Barre
Judkins, John H. .....Northfield
Lazelle, William Edwin .....Barre
Lindsay, William .....Montpelier
Marshall, Augustus T. .....Chelsea
McGuire, Michael Francis .....Montpelier
Newell, Herbert Llewellen ....East Randolph
Parmenter, George Homer .....Montpelier
Reid, William D. .....Barre
Robinson, Carl F. .....Williamstown
Scott, George Worthington .....Randolph
Sprague, Edward George .....Barre
Stanley, Eugene A. .....Waterbury
Steele, Fred E., Jr. .....Waterbury
Stewart, John Wm. .....Barre
Stickney, Orlando Greenleaf .....Barre
Tindall, W. J. .....Montpelier
Turner, Warren D. .....Worcester
Warren, A. B. .....Warren
Wasson, Watson Lowell .....Waterbury
Watson, Horace Londers .....Montpelier
Whitney, Harlow Adolphus .....Northfield
Woodruff, John Hamilton .....Barre

(50 members.)

Fixed Meetings.—Second Tuesday in March, June, September (annual) and December.

WINDHAM COUNTY MEDICAL SOCIETY

OFFICERS

President—Wm. F. Hazelton, Bellows Falls.
Vice-President—Frederick Luke Osgood, Saxtons River.
Secretary and Treasurer—George Riley Anderson, Brattleboro.

Censors—George H. Gorham, Bellows Falls; Leon Henry Gillette, Springfield; John Henry Blodgett, Bellows Falls.

Delegates—Fred Luther Osgood, Townshend (one year); James Sutcliff Hill, Bellows Falls (one year); John Archibald Stevenson, Chester (two years); William F. Hazelton, Bellows Falls (two years).

MEMBERS

Anderson, Geo. Riley .....Brattleboro
Blodgett, John Henry .....Bellows Falls
Bingham, F. L. .....Ludlow
Bowen, Edwin Stratton .....Brattleboro
Bowen, Windsor DeForest, 1st Lieut. M. R. C. Saxtons River
Burnett, Grace W. .....Brattleboro
Buxton, George Delbert .....Proctorsville
Dunn, Stephen Farrar .....Wilmington
Gilbert, Frank Leslie, Capt. M. R. C. ..Grafton
Gillette, Leon Henry .....Springfield
Gorham, Geo. H. .....Bellows Falls
Greene, Harry Paul .....Brattleboro
Hazelton, William F. .....Bellows Falls
Hill, James Sutcliff .....Bellows Falls
Hunter, Geo. B. .....Brattleboro
Lane, Winfred Howard .....Brattleboro
Lawton, Shailer Emery .....Brattleboro
Miller, Ansel I. .....Brattleboro
Miner, Albert Lawrence .....Bellows Falls
Murray, Geo. G. .....Bellows Falls
Osgood, Frederick Luke .....Saxtons River
Osgood, Fred Luther .....Townshend
Ray, Chas. Wm. .....Chester
Rudden, John Thomas .....Bellows Falls
Stevenson, John Archibald .....Chester
Tucker, Henry .....Brattleboro
White, B. E. .....Brattleboro
White, P. P. .....No. Granville, N. Y.

(28 members.)

WINDSOR COUNTY MEDICAL SOCIETY

OFFICERS

President—Arthur Lionel Patch, Windsor.

Vice-President—Otto Vernon Greene, Bethel.

Secretary and Treasurer—Dean Spencer Drake, White River Junction.

Delegates—Fred Thomas Kidder, Woodstock (two years); Chas. E. Buchanan, Felchville (one year).

Alternates—H. C. Jackson, Woodstock (two years); Olin Duane Greene, Bethel.

MEMBERS

Brewster, John Densmore .....Windsor
Buchanan, Chas. E. .....Felchville
Burnett, Daniel L. .....Hartford
Burnham, Arthur Washington .....Norwich
Burrell, Edmund Clay .....Barnard
Chase, Rolla Miner .....Bethel
Drake, Dean Spencer ....White River Junction
Eastman, Albert Clinton .....Woodstock
Edmunds, Fred A. ....Bethel
Fish, Edgar John .....So. Royalton
Gartland, Thomas Francis, White River Junction
Greene, Olin Duane .....Bethel
Greene, Otto Vernon .....Bethel
Hazen, Cryus Hamilton .....Springfield
Huntington, William Millett .....Rochester
Jackson, Henry Chester, Capt. M. R. C. Woodstock
Kidder, Fred Thomas .....Woodstock
Merriam, C. E. .....Rochester
Patch, Arthur Lionel .....Windsor
Roberts, Geo. X. .....Chester
Rogers, Verne Mooers .....Quechee
Stone, Everett Joseph .....Sharon

(22 members)

Annual Meeting.—Third Tuesday in May.

Total membership of the Vermont State Medical Society, 384.

HONORARY MEMBERS OF THE VERMONT STATE MEDICAL SOCIETY

Conn, G. P. .....Concord, N. H., 1869
Watson, H. P. .....Manchester, N. H., 1887
Ramson, J. B. .....Dannemora, N. Y., 1889
Field, A. E. .....Barre, Vt., 1890
Douglas, O. B. .....Concord, N. H., 1891
Crothers, T. D. .....Hartford, Conn., 1892
Lyon, E. M. .....Plattsburgh, N. Y., 1892
Irish, J. C. .....Lowell, Mass. 1894
Shattuck, Frederick C. ..Boston, Mass., 1894
Porter, William H. ....New York City, 1895
Gordon, S. C. .....Portland, Me., 1895
Marcy, Henry O. .....Boston, Mass., 1896
Mabon, William ....Ogdensburg, N. Y., 1897
Stearns, Henry P. ....Hartford, Conn., 1899

Richardson, Maurice H. ..Boston, Mass., 1899
Lockhart, F. A. L. .....Montreal, 1899
Cook, Geo. H. .....Natick, Mass., 1901
Weeks, S. H. .....Portland, Me., 1901
Wiggin, F. H. .....New York City, 1901
Gordonier, H. C. .....Troy, N. Y., 1902
Crowell, H. L. .....Kansas City, Mo., 1903
Emerson, Francis P. ....Boston, Mass., 1904
Scudder, Chas L. .....Boston, Mass., 1905
LeFevre, Egbert .....New York City, 1906
Arnold, H. D. .....Boston, Mass., 1906
Gile, J. M. .....Hanover, N. H., 1907
Pisek, G. R. .....New York City, 1908
Haynes, I. S. .....New York City, 1908
Scripture, E. W. .....New York City, 1908
Cabot, R. C. .....Boston, Mass., 1909
Syms, Parker .....New York City, 1909
Dodd, W. J. .....Boston, Mass., 1910
Lloyd, Samuel .....New York City, 1910
Hodskins, M. B. .....Palmer, Mass., 1911
Crile, G. W. .....Cleveland, O., 1911
Albee, F. H. .....New York, 1911
Golden, John F. .....Chicago, Ill., 1912
Daland, Judson .....Philadelphia, Pa., 1912
Anderson, John F. ..Washington, D. C., 1912
Shaw, Henry L. K. ....Albany, N. Y., 1913
Erdmann, John F. ....New York City, 1913
Adami, J. G. .....Montreal, 1914
Peck, Chas. H. .....New York City, 1914
Bainbridge, Wm. S. ....New York City, 1915
Lovett, Robert W. ..... Boston, Mass., 1915
Eliot, Ellsworth, ...New York City, 1916
Williams, John R. ....Rochester, N. Y., 1916
Wright, Geo. H. .....Boston, 1917
Turnbull, J. A. .....Boston, 1917

PRESIDENTS OF THE VERMONT STATE MEDICAL SOCIETY SINCE 1851

Goldsmith, Middleton .....Rutland, 1851
Palmer, B. W. .....Woodstock, 1852
Thayer, G. W. Jr. .....Northfield, 1853
Warner, E. D. .....New Haven, 1854
Perkins, Joseph .....Castleton, 1855
Carpenter, Walter .....Randolph, 1856
Stevens, H. F. .....St. Albans, 1857
Allen, Charles L. .....Middlebury, 1858
Knights, A. E. .....Springfield, 1859
Morgan, B. F. .....Bennington, 1860
Woodward, Adrian Theodore ..Brandon, 1861
Stiles, J. N. .....Windsor, 1862
Bradford, P. D. .....Northfield, 1863
Fassett, O. F. .....St. Albans, 1864
McCollom, William .....Woodstock, 1865
Warner, E. D. .....New Haven, 1866
Frost, C. P. .....Brattleboro, 1867
Richmond, J. S. .....Woodstock, 1868
Janes, Henry .....Waterbury, 1869
Putnam, S. .....Montpelier, 1870
Upham, Edward Fisk ..West Randolph, 1871
Holton, Henry Dwight.....Brattleboro, 1872
Butler, L. C. .....Essex, 1873
Butler, L. C. .....Essex, 1874
Butler, L. C. .....Essex, 1875
Dunsmore, George .....St. Albans, 1876
Chandler, C. M. .....Montpelier, 1877
Bullard, G. B. .....St. Johnsbury, 1878
Thayer, S. W. .....Burlington, 1879
Jackson, John Henry .....Barre, 1880
Sherwin, O. W. .....Woodstock, 1881
Bingham, Leroy Monroe ....Burlington, 1882
Clark, S. S. .....St. Albans, 1883
Draper, Joseph .....Brattleboro, 1884
Kemp, D. G. .....Montpelier, 1885
Brooks, S. .....St. Johnsbury, 1886
Campbell, Edward R. ....Bellows Falls, 1887
Clarke, John Murray .....Burlington, 1888
Brown, H. S. .....St. Johnsbury, 1889
Jenne, James Nathaniel ....St. Albans, 1890
Caverly, Charles Solomon .....Rutland, 1891
Wilder, H. R. .....Swanton, 1892
Bisbee, Arthur B.....Montpelier, 1893
Linsley, Jo Hatch .....Burlington, 1894
Branch, C. F. .....Newport, 1895
Stoddard, Frederick Robert ..Shelburne, 1896
Rogers, Lyman .....Bennington, 1897
Lawton, Shailer E. .....Brattleboro, 1898
Crain, Mark Richards .....Rutland, 1899
Huntington, Wm. D. .....Woodstock, 1900
Wheeler, John Brooks .....Burlington, 1901
Pond, Edmund Morse .....Rutland, 1902
Bryant, William Nelson .....Ludlow, 1903
McSweeney, Patrick Eugene..Burlington, 1904
Chandler, Myron L. .....Barre, 1905
Hawley, Donley Curtis .....Burlington, 1906
Gorham, George H. .....Bellows Falls, 1907
Peck, Chas. W. .....Brandon, 1908
Havens, Walter L. .....Chester, 1909
Tinkham, Henry Crain .....Burlington, 1910
Kidder, Fred Thomas .....Woodstock, 1911
Stone, Bingham Hiram ....Burlington, 1912
Miner, Albert Lawrence ..Bellows Falls, 1913
Townsend, Wm. Warren .....Rutland, 1914
Ross, Edward Harlan ....St. Johnsbury, 1915
Beecher, Clarence Henry ....Burlington, 1916
Bartlett, Clayton Witters....Bennington, 1917

(Continued from Page 116)

The question of dependents of doctors was raised and the State Committees were instructed to pass on that subject.

Senator Robert L. Owen, of Oklahoma, was then introduced and roundly applauded. He spoke regarding his bill to give increased rank to Medical Officers. This is intended to put medical men in a better position to influence adoption of the recommendations which he knows are for the good of the army and of the nation.

After Senator Owen had concluded his forceful and patriotic speech the discussion of the adopted plan for securing recruits was continued and in conclusion Dr. Martin stated that if any man has accepted his commission and does not get active duty it is his own fault, regardless of what he may report. If he asks for it he will get it so quick he won't know what has happened.

The work of the women physicians was discussed and one woman stated that her part in the war had been to examine five thousand men for hook worm and send the reports to the Examining Boards. She was Dr. South of Kentucky.

The announcement was made that one man from each State—eight or ten at a time—might shortly be called to Washington for one month periods to give available information regarding his State. This service is without compensation.

The meeting then adjourned.

In the evening a banquet was tendered the visiting representatives of the State Committees by Dr. Franklin Martin.

After a very excellent dinner that successfully camouflaged its strict adherence to the mandates of the Food Administrator, speeches were made by Dr. Edw. P. Davis in response to the toast "The President." His heartfelt tribute to Mr. Wilson was beautifully worded and evidently founded on a long and intimate acquaintance with him as a college chum and as a friend of after years.

Surgeon-General Gorgas responded and met the usual tribute paid to the man called the best loved soldier in Washington. In spite of his present heavy cares and responsibilities he spoke in a somewhat lighter vein and received a thundering ovation at the conclusion of his short talk.

The so-called optimist, Admiral Braisted, was not in good form as a sure-enough bright side observer. His wonderful ability and position cause him to see all sides of the situation and he impressed his hearers with the idea that this war might some time come to us and "it may be the time is near." Dr. Braisted's standing among the medical men is only second to that of Dr. Gorgas. Both are men of sterling integrity and intimate knowledge of the details of their responsible positions.

All regretted that Surgeon-General Blue of the Public Health Service was unable to attend any of the sessions. Col. Billings, Maj. F. F. Simpson, Dr. John Bowman of Chicago and Maj. Wm. D. Haggard of Tennessee responded.

The speech of the evening was made by the Dean of the Medical Department of the Army, Maj. W. W. Keene of Philadelphia, who was also a medical officer in the Civil War. He said in part:

"The two finest things I have heard lately are, first, what the President of the United States has said we must do: 'We must exercise force, *force*, FORCE, to the limit.' And the second, the Secretary of War has said we must raise men without limit.

"When I think what our brave allies

have done; when I remember that Britain, with but 45,000,000 people, has put 6,000,000 men into the army; and France, though we haven't the figures, certainly has done as well; when that splendid British and French line, with the little help we have been able to give, have stood with their backs to the wall, and have resisted the attacks of the Hun, I am filled with the utmost admiration for what they have done. No finer an exhibition of bravery, of courage, of self-sacrifice, has ever been seen [turning to the British officer present] than your British soldiers have made.

"And where do we stand? We have 105 millions or more, and if we are to put into the field in proportion to what Great Britain has done, we should put in 15 millions; and I trust that will be the minimum that we will be willing to offer in the cause of civilization and of justice.

"You do not forget, I am sure, that the name of 'Hun' has not been given to the German by us. In 1900 when the Kaiser sent his troops to China, during the Boxer rebellion, what did he say to his troops? 'Take no prisoners; give no quarter; be more terrible than Attila and his Huns!' He gave the name of 'Hun,' and they have bettered his instruction. They have not taken prisoners. They have not given quarter, even. All the barbarities we have heard that have been perpetrated by Germany I could not believe at first. I had warm German friends, whom I appreciated and thought well of. But the evidence to me from personal knowledge, my friends, has been absolutely convincing, and I do not believe that there is any atrocity that has been told us that has not been true.

"And what is more, they are debasing their own people. You know today, and I know, from irrefutable testimony, that they are debauching their own women, and that the next generation of Germans will be largely a generation of bastards. Shall we not fight —fight to the death—against such barbarities, against such cruelties?

There is but one thing for us to do, gentlemen. To answer the President of the United States, and use force, force to the limit. Force, until we have victory. And there is one comfort that I always have, even in the dark days we are passing through now. I do believe in the existence of God. And I do not believe that it is in the plan of Divine Providence that the whole world shall be ground under the heel of the barbarous Hun!

"The other day I saw in a circular something that impressed me greatly: 'The Inspiration of Disaster.' Think of it! We may come, gentlemen, to the days, even now, when disaster may come to our brave allies, and to our own brave boys on the other side. But the inspiration of disaster will be ours, and we will swear by the Almighty God that nothing shall intervene between us and victory."

Dr. Keene's speech was of such a character that nothing more could well have been added and Dr. Martin very cleverly adjourned the session, leaving all with minds full of the sentiments expressed by Dr. Keene.

May 5th, 1918.

The members of the State Committees present at this conference were invited to attend the annual meeting of the General Medical Board held in the small ball room of the New Willard.

There was a roll call of members and then Senator Southerland, of Virginia, who is on the Military Committee, ad-

dressed the meeting, speaking in favor of the Owen bill.

Surgeon-General Gorgas was present and spoke briefly, but Surgeons-General Braisted and Blue were out of the city.

Dr. Franklin Martin gave a history of the formation of the General Medical Board and a report of the activities undertaken and method of operation.

Reports were made by Dr. Edw. P. Davis on the Volunteer Medical Service Corps; by Maj. Bascomb Johnson of the Committee on Training Camp activities; by Maj. Wm. F. Snow for the Committee on Control of Venereal Diseases.

Assistant Surgeon-General Murphy of the Navy read a report of the Congressional Committee formulated after an investigation of the Medical Department. It was certainly most flattering.

Mr. Homer Smith reported for the Committee on Supplies and Maj. F. F. Simpson for the Committee on Hospital Organization. He stated that the preparation of beds is keeping pace with the enlargement of the army and the probability of wounded men being admitted. There are now 90,000 beds ready for use, 22,000 of which are empty.

A report was given on Industrial Medicine and Surgery by the Chairman, Dr. Otto P. Geier.

For the Committee on Nursing Problem Col. Welch of Johns Hopkins gave the report.

Mrs. Greeley, who represented the nurses before the House and Senate Committees, was introduced and bespoke the aid of all medical men toward securing recognition and proper relative rank for nurses of the Army next after the rank of Medical Corps. This was to give them authority in the Hospitals so that their orders to non-commissioned officers and enlisted men would be respected.

The Committee on Reconstruction was represented by Col. Billings, the chairman, and the Committee on Women Physicians by Dr. Rosalie Slaughter Martin.

The session was brought to a close by Chairman Franklin Martin. J. M. H.

VERMONT STATE COMMITTEE OF NATIONAL DEFENSE, MEDICAL SECTION.

This committee met at Burlington May 16th and the Chairmen of the County Committees were invited to confer with them.

A plan was devised to base this and future quotas upon the number of people the doctor who must be kept home is to serve, the number of active practitioners there were in each county at the beginning of the war and the number of men who have accepted commissions in the Reserve Corps.

This schedule will undoubtedly be in the hands of the County committees before this number of VERMONT MEDICINE reaches you and the Chairman can give you the number expected to apply from your vicinity.

Are YOU going to wait till some one has to suggest to you that it is your duty to be a patriot or are you going to write for your papers TODAY?

This number is devoted to one purpose—getting officers to care for our boys who are fighting our battles while we are earning more than ever and buying Liberty bonds and stamps that pay compound interest.

Vermont should rank first in its proportion of men in the service but she really ranks 29th.

Write to Dr. Hamilton, Rutland, Vt. for blanks and tell the man who asks you to enroll that he is too late, you are "in out of the draft."

IF YOU HAVE NOT YET APPLIED FOR A COMMISSION READ THIS

The Surgeon-General of the Army and the Surgeon-General of the Navy need more medical officers. Our profession has responded nobly to the call of humanity, but more are required. YOU ARE NEEDED. The following questions and answers will aid you in your decision:

INFORMATION RELATING TO BOTH ARMY AND NAVY.

(1) Q. How do I apply for a commission in the Medical Reserve Corps?

A. Write to the Surgeon-General of the Army or Navy, the Council of National Defense, or for the Army appeal direct to an examiner for the Medical Reserve Corps. Detailed information will then be furnished.

(2) Q. What is the character of examinations?

A. Fill out the application form supplied by the Army, or in the form indicated by the Navy, then submit to a physical and professional examination. All papers, when completed, will be forwarded by the examiner to the Surgeon-General's Office with a definite recommendation as the result of the physical and medical findings.

(3) Q. What provisions are made for myself and family in the event of injury or death?

A. Allowances will be made in case of injury or death according to the War Risk Insurance Act. These are arranged according to a schedule of the number of the officer's dependents.

(4) Q. What will be the cost of equipment?

A. The average cost of the necessary equipment in the Army is about $250, although even this amount is not absolutely necessary. The Navy provides an allowance of $150 to cover this cost. This is paid to the officer upon his first reporting for duty.

(5) Q. What is the time allowed for reporting after notification that I will be assigned to duty?

A. Fifteen days, with few exceptions, and then only when necessity demands.

(6) Q. What will I do when orders are received?

A. Obey explicitly.

(7) Q. What will be the character of orders received?

A. You will probably be sent to a medical military training camp for instruction.

(8) Q. How soon will the call for active duty be received?

A. If a request for immediate service is made, it will probably be granted. If you do not request immediate service, you will be given 15 days in which to arrange your home affairs from the time you receive the notification that you will be assigned to duty until the day you are to report. However, do not discontinue the practice of medicine until you are notified that your services are needed.

(9) Q. How can I secure immediate service?

A. Write to the Surgeon-General of the Army or Navy, Washington, D. C., making such a request, stating at the same time your qualifications for special service.

(10) Q. Is there an urgent need for medical officers now?

A. The present inactive Reserve Corps of both Army and Navy is practically negligible and consists of officers enrolled but engaged in hospital internships and other absolutely necessary

present duties, with which there is no desire to interfere any more than is necessary, and of those retained by different departments for special duties. The Reserve, therefore, has been exhausted and it has been estimated that there is an absolute need now for 1,000 more medical officers in the Navy and 5,000 more medical officers in the Army.

(11) Q. What will be the character of service?

A. Every effort is made so far as possible to place an officer where his special talents will be best utilized, and his wishes with regard to such assignments are accorded every consideration.

(12) Q. When shall I discontinue the practice of medicine?

A. Not until notice is received from the Surgeon-General to be prepared for active duty on or about a certain date.

INFORMATION RELATING TO ARMY.

(13) Q. What are the requirements for a commission?

A. An applicant for appointment in the Army must be a citizen of the United States between 22 and 55 years of age, a graduate of a reputable medical school legally authorized to confer the degree of doctor of medicine, he must have qualified to practice medicine and be in the active practice of his profession.

(14) Q. How do I accept a commission?

A. A notice will be received from The Adjutant General of the Army stating that you have been recommended for a commission. Sign the oath of office, take an affidavit before a notary public, and send it with a note of acceptance of commission to The Adjutant General of the Army, Washington, D. C., and at the same time send a note to the Surgeon General of the Army stating that you have accepted your commission as (here note the rank). In the same letter request immediate service, if desired.

(15) Q. When do I become an officer of the Medical Reserve Corps?

A. When the oath of office together with a note stating that you will accept the commission offered in the Army is received and is of record in the Office of The Adjutant General of the Army, Washington, D. C.

(16) Q. For what length of time do I volunteer?

A. In the Army, 5 years.

(17) Q. What pay do officers receive?

A. Lieutenant, $2,000; captain, $2,400; major, $3,000; plus 10 per cent for foreign service. Under the new act just signed by the President, if quarters are not available as a place of abode for wife, child, or dependent parent, each commissioned officer of the Army shall also be paid commutation at the rate authorized by law—first lieutenant, $432; captain, $576; major, $720.

(18) Q. What are the expenses for field service?

A. From $25 to $50 per month.

(19) Q. How many medical officers were on active duty April 26, 1918?

A.

Army.

Regular Medical Corps	843
Medical Reserve Corps	16,359
Medical Corps, National Guard	1,204
Medical Corps, National Army..	111

(20) Q. What is the average number of physicians in each thousand discharged from the Medical Reserve Corps of the Army, and for what reasons?

A. Physical disability, 31; inaptitude, 13; domestic and community needs, 4; deaths, 3; resignations, 10.

INFORMATION RELATING TO NAVY.

(21) Q. What are the requirements for a commission?

A. An applicant for appointment in the Navy must be a citizen of the United States, graduate of a reputable medical school, between the ages of 21 and 44 years; the grade given is assistant surgeon, with rank of lieutenant, junior grade (corresponding to first lieutenant in the Army).

(22) Q. How do I accept a commission?

A. A notice will be received from the Surgeon-General of the Navy stating that you have been recommended for a commission. Sign the oath of office, which will be supplied, take an affidavit before a notary public and forward it with a note of acceptance of commission to the Surgeon-General of the Navy, Washington, D. C. In the same letter request immediate service, if desired.

(23) Q. When do I become an officer of the Medical Reserve Corps?

A. When the oath of office together with a note stating that you will accept the commission offered in the Navy is received and is of record in the Bureau of Navigation, Navy Department, Washington, D. C.

(24) Q. For what length of time do I volunteer?

A. In the Navy, 4 years or for the duration of war.

(25) Q. How many medical officers are on active duty?

A. *Navy.*

Regular Medical Corps	844
Medical Reserve Corps	1,150
Medical Reserve Force	
Medical Corps, Naval Militia	
Retired Medical Officers	

INFORMATION RELATING TO REGULAR ARMY

(1) Q. How do I apply for a commission in the Regular Medical Corps of the Army?

A. Write to the Surgeon-General, U. S. Army, Washington, D. C., and detailed information will be furnished.

(2) Q. Are there any vacancies in the Regular Medical Corps of the Army?

A. 1,100.

(3) Q. What is the character of questions?

A. Full information concerning the examination may be procured upon application to the "Surgeon-General, U. S. Army, Washington, D. C." The essential requirements to securing an invitation to report for examination are that the applicant shall be a citizen of the United States, between 22 and 32 years of age, a graduate of a medical school legally authorized to confer the degree of doctor of medicine, of good moral character and habits, and shall have had at least one year's post-graduate hospital internship.

(4) Q. What commission will I receive?

A. Those applicants who successfully pass the examination are commissioned first lieutenants in the Medical Reserve Corps, and sent to either the Army Medical School in Washington or to a training camp for a course of instruction, covering a period of approximately three months, during which time they draw the pay and allowances of their grade. If, at the close of their instruction, they pass the final examination, and are favorably recommended, they are commissioned first lieutenants in the Medical Corps of the Regular Army.

(5) Q. What is the pay?

A. To each rank is attached a fixed annual salary, which is received in monthly payments, and this is increased by 10 per cent for each period of 5 years' service until a maximum of 40 percent is reached. A first lieutenant

receives $2,000 per annum, or $166.66 monthly. At the end of 5 years (*during the period of the war, at the end of one year*) he is promoted to captain, subject to examination, and receives $2,400 a year, with an increase of 10 per cent after 5 years' service, making $2,640, or $220 per month. After 10 years' service the pay would be $2,880 annually, or $240 per month. The pay attached to the rank of major is $3,000 a year, which, with 10 per cent added for each 5 years' service, becomes $3,600 after 10 years' service, $3,900 after 15 years' service, and $4,000 after 20 years.

(6) Q. What are my prospects for advancement?

A. During the existing emergency a first lieutenant of the Medical Corps, U. S. Army, is required to complete only one year's service, instead of the 5 years provided for by the act of June 3, 1916, to become eligible for promotion to the grade of captain, subject to examination.

(7) Q. What are the arrangements for retirement?

A. Officers of the Medical Corps are entitled to the privilege of retirements after 40 years' service, or at any time for disability incurred in the line of duty. On attaining the age of 64, they are placed on the retired list by operation of law. Retired officers receive three-fourths of the pay of their grade (salary and increase) at the time of retirement.

INFORMATION RELATING TO APPOINTMENTS IN THE MEDICAL OFFICERS' RESERVE CORPS OF THE ARMY.

Under the new regulations for the examination of candidates for appointment in the Medical Officers' Reserve Corps of the Army, the candidate is required: First *to submit his application in writing to the Surgeon-General of the Army;* Second, *the application should be accompanied by two testimonials;* and, Third, *the Personal History blank,* properly filled in as directed thereon, *after having the same certified to before a Notary Public.*

The requirements for appointment are that the applicant be a citizen of the United States between 22 and 55 years of age, a graduate of a reputable medical school legally authorized to confer the degree of doctor of medicine, he must have qualified to practice medicine in the State in which he resides, and be in the active practice of his profession.

The examination is physical and professional; the professional examination to be oral, except in case of failure, when it will be written. Such written examination will be in the following subjects:

1. Practice of medicine, including etiology, clinical description, pathology, and treatment of diseases.
2. Surgery, principles and practice.
3. Obstetrics and gynecology.
4. Hygiene, personal and general, especially as to the prophylaxis of the more prevalent epidemic diseases.

Specialists will be examined in their specialty.

Commissions are issued for a period of five years, at the end of which time officers may be recommissioned in the same or higher grades, that is, first lieutenant, captain, and major.

The act of June 3, 1916, creating the Medical Officers' Reserve Corps, provides that in time of peace only those of the grade of first lieutenant may be ordered to active duty, and this with their own consent, but in time of war the services of officers of all grades are at the disposal of the Government.

Honor Roll of Vermont Physicians in the Service of their Country.

DIED IN SERVICE

1ST LIEUT. JOHN C. MURPHY, BURLINGTON.

Majors

Thos. J. Hagan, M. C., Pittsford, N. G A., 57th Pioneer Rgt., Camp Spartanburg, S. C.

Harry Leslie Frost, Williston, Orthopedic Surgeon, Camp Devens.

Horatio Nelson Jackson, Burlington, Senior Instructor, Medical Officers' Class, Camp Mead.

Wm. Hayes Mitchell, Shelburne, Fort Ethan Allen.

William Stickney, Rutland, Chief of Surgical Section, Base Hospital, Camp Upton.

Edward A. Tobin, Bennington, Plattsburg Barracks.

Wm. Warren Townsend, Rutland, Duty, Hoboken, N. J.

Captains

Geo. Lucien Bates, Morrisville, Camp Dodge.

Nathan Renwick Caldwell, Groton, Fort Oglethorpe.

Thomas Stephen Brown, Burlington, inactive list.

Geo. E. Chamberlain, So. Newbury, Vt., physically disabled.

Nicholas James Delehanty, Rutland, Fort Oglethorpe.

Frederick Elsworth Clark, Burlington, Hoboken, N. J.

Alan D. Finlayson, Burlington, Camp Joseph E. Johnston.

Frank Leslie Gilbert, Grafton, in France.

Henry Chester Jackson, Woodstock, Fort Riley.

Charles Emerson Libbey, Danville, Camp Taylor.

Geo. Guerin Marshall, Rutland, Balboa Heights, Panama.

Seth Hunter Martin, Alburg, Camp Greene, Charlotte, S. C.

Edward Francis Murray, Burlington, Camp Pike.

George Herbert Newton, Cambridge, inactive list.

Thomas Rice, Brattleboro, Camp Lee.

William Reynolds Patton, Fairfield, inactive list.

Geo. Roberts, Chester, Base Hospital. Fort Oglethorpe.

Herbert Wellington Taylor, Brattleboro. in France.

Emmus G. Twitchell, Burlington, Fort Oglethorpe.

Walter James White, Middlebury, inactive list.

First Lieutenants

Fred Noble Aldrich, Derby, in France.

Frank C. Angell, Randolph, Fort Oglethorpe (Duty).

Robert Oscar Blood, Newbury, no report.

Windsor DeForest Bowen, Saxtons River, Base Hospital, Camp Upton.

David Russell Brown, Lyndonville, inactive list.

Charles Evans Buchanan, Felchville, inactive list.

Percy Erastus Buck, Glover, Newport News, Va.

Arthur Washington Burnham, Norwich, no report.

John Marie Caisse, Swanton, Camp Laurel.

Luther John Callahan, Manchester, in France.

Mitchell D. Carey, Montpelier, Fort Oglethorpe.

Charles Porter Chandler, Montpelier, Fort Benjamin Harrison.

Joseph A. Ciminera, Burlington, Fort Oglethorpe.

Bernie Dennis Colby, Sudbury, Fort Oglethorpe.

Sherwin Aldrich Cootey, Wallingford, Fort Oglethorpe.

Albion Arthur Cross, Williamstown, Harvard Graduate School, Boston.

Julius E. Dewey, Montpelier, Camp Sherman.

Frank Henry Everett, Castleton, Camp Hancock.

Edward V. Farrell, Danby, Base Hospital, Camp Upton.

Rowley S. Flagg, No. Troy, Gettysburg, Pa.
Chas. F. Fleming, W. Rutland, inactive list.
William Arthur Flood, North Bennington, Fort Oglethorpe.
Victor Patrick Gengc, Newport, in France.
Bert D. George, Hardwick, Fort Oglethorpe.
Stewart Louis Goodrich, Waterbury, Fort Porter.
Albert Joseph Greenwood, Springfield, no report.
George Guy Hall, South Woodbury, inactive list.
Hugh Henry Hanrahan, Rutland, inactive list.
Herbert Bill Hanson, E. Berkshire, Chicago.
John W. Harvey, Camp Dix.
F. R. Hastings, Barton, in Canadian Army.
Byron Harry Hermann, St. Albans, inactive list.
Frederick W. Harriman, Montpelier, Fort Oglethorpe.
Anselme Ephrem Houle, Bennington, Camp Mead.
William Orrin Hutchinson, Washington, Fort Oglethorpe.
Roy Chase Jackson, Brattleboro, inactive list.
John P. Kerrigan, Ludlow, Fort Oglethorpe.
Albert Clark Kinney, E. Hardwick, Army Medical School, Washington.
Arthur Leo Larner, Burlington, San Antonio, Texas.
Geo. Eugene Latour, Burlington, Camp Custer, Battle Creek, Mich.
Casper Sylvester Leach, Hyde Park, no report.
James L. Lovejoy, Manchester Depot, Fort Oglethorpe.
Robert Leland Maynard, Burlington, Base Hospital No. 116, New York City.
Louis F. McCarthy, Fort Monroe.
Donald Guy McIvor, Swanton, in France.
Walter Franklin McKenzie, Burlington, Camp Vail, Little Silver, N. J.
Sidney Mitchell, Richmond, inactive list.
Martin J. P. Paulsen, Winooski, inactive list.
Harold Stearns Peck, Rutland, in France.
Douglas James Roberts, Burlington, Instructor in Roentgenology, Cornell Medical College.
Leonard Blake Rowe, Orwell, Lake West, N. J.
George Clark Rublee, Hardwick, Base Hospital, Camp Upton.
Geo. Albert Russell, Arlington, 19th Cavalry, Ft. Ethan Allen.
Dennis J. Sheehan, St. Johnsbury, Fort Oglethorpe.
Chester Lewis Smart, Burlington, Fort Oglethorpe.
Clifton Henry Smith, West Rupert, inactive list.
Ray Ernest Smith, Rutland, in France.
Henry E. Somers, Newport, Orthopedic Surgery, Garden City, L. I.
Henry Eugene St. Antoine, Burlington, Jamaica Plain, Mass.
Walter Nale Squires, Burlington, inactive list.
Harold Franklin Taylor, Hardwick, inactive list.
John Patrick Tierney St. Johnsbury, Base Hospital, Camp Gordon.
John David Thomas, Burlington, Camp Devens.
Ray Brown Thomas, Enosburg Falls, Williamsbridge, N. Y.
Henry Latimer Tillotson, Groton, Vt., inactive list.
Joseph Arthur Wark, Barre, inactive list.
William Godfrey Watt, Vergennes, Army Medical School.
Henry Reuben Weston, Windsor, Base Hospital, Camp Lee.
John Brooks Wheeler, Burlington, Advisor to Governor of Vermont.
William Henry White, North Troy, inactive list.
Rollin D. Worden, Montgomery, Camp Sherman.

Honorably Discharged on Account of Physical Disability

Lieut Francis J. Ennis.
Lieut. Waldo R. Harkness.

Navy

Geo. Albert Alden, Burlington, Asst. Surgeon, U. S. N. Reserve.
Bertrand Fletcher Andrews, Burlington, Asst. Surgeon, U. S. N. Reserve.
Edward A. Crofutt, Poultney, Asst. Surgeon, U. S. N.
Frederick Henry Gebhardt, Rutland, Naval Training Station, Newport, R. I.
Ransom H. Holcomb, Burlington, Asst. Surgeon U. S. N. Reserve.
John Dowd Lane, Bennington, Asst. Surgeon U. S. N. Reserve.
Leland McKinlay, Burlington, Asst. Surgeon U. S. N. Reserve.
Charles Edward Morse, Rutland, Asst. Surgeon U. S. N. Reserve.

Italics indicate serving "overseas."

Information is requested that this roll may be kept as nearly correct as possible.

Book Reviews

A MANUAL OF CLINICAL DIAGNOSIS.
By Means of Laboratory Methods,

BY CHARLES E. SIMONS, B.A., M.D.,

Ninth Edition. Lea & Febiger, Philadelphia and New York. 851 pp., 207 engravures and 28 plates. Price $6.00.

Lea & Febiger have recently brought out a ninth edition of Simons' "A Manual of Clinical Diagnosis."

This edition is materially enlarged, thoroughly revised and well illustrated with engravings and plates.

The same plan that made the two former editions so popular—that of dividing the subject matter into two parts, "the first dealing with technical questions and the second with the collective presentation of the laboratory findings in the various diseases under their corresponding headings," alphabetically arranged—has been continued in the revision, making the volume equally valuable to the bedside man and the student of technic.

The first part devotes its chapters to the technic of investigation of the various secretions and excretions, exudates and transudates of the body, and to the animal parasites that infest it.

The material of the second part and its arrangement should appeal to the general practitioner who wishes to familiarize himself with the laboratory pictures of his cases and encourages better team work between him and the technician. Even in the towns where there are only three or four medical men one of them should be encouraged to do many of the simpler investigations such as qualitative, quantitative and microscopic examination of urine, differential blood count and the examination of stomach contents and feces. J. M. H.

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(1918)

Vermont Medicine

The Official Organ of the Vermont State Medical Society

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Rutland, Vermont, June, 1918

This number has been held to get report from the Vermont Council of National Defense, Medical Section.

Original Papers

THE DIFFERENTIAL DIAGNOSIS BETWEEN ACUTE ALCOHOLIC INTOXICATION AND ALCOHOLIC INSANITY.

E. O. Crossman, M.D., Burlington, Vt.

Read at the Annual Meeting of the Vermont State Medical Society, October 11, 1917.

The alcoholic problem and the management of alcoholic patients have been more or less a problem of controversy during its whole history. For instance, Cassio, after stabbing his intimate friend Montano, in a drunken brawl, said:

"O thou invisible spirit of wine, if thou hast no name to be known by, let us call thee devil!

"I remember a mass of things, but nothing distinctly; a quarrel, but nothing wherefore. O God, that men should put an enemy in their mouths to steal away their brains; that we should with joy, pleasance, revel and applause, transform ourselves into beasts."

On the other hand, one of our most revered and most valued statesmen of other days said, "He who does not know wine, women and song remains a fool his whole life long." Again, our scientific men of to-day are as far apart as the ancient authors and poets in their advice to their followers concerning the use of alcohol. DeFausac says, "It may be truly said that alcohol is the touchstone of the equilibrium of the cerebral function, that intellectual activity and capacity for work are diminished; the patient becomes dull, negligent and clumsy." Against this comes Dr. Abraham Jacobi, who says, "Alcohol is an indispensable remedy. There is hardly a human organism which is not favorably influenced, mainly the aged, feeble, fat and convalescent feel its benefits."

Hence we might go on indefinitely, quoting contradictory evidence from honest observers, and at the end we should find ourselves at our starting place. Nevertheless, the problem is acute and one which the social worker is trying to solve in his way; which the Church is trying to solve through its uplifting and benevolent influence; which the politician is ever discussing as a possible means of placing himself in office, but for final settlement, adjustment and guidance the whole problem comes to the physician, for he is the one who is to advise in each individual case, and his advice, for whatever it is worth, is final. From a humane, a sociological, a Christian and scientific aspect, the physician must act. He must protect the patient, the family, the community, and the state. Consequently, it behooves us to recognize this as a

many-sided topic, but it is its clinical aspect which I desire in particular to discuss at this time.

In acute alcoholism we are called to differentiate, ordinarily from

Uremic coma,
Fracture of the skull,
Apoplexy,
Drug poisoning,
Ptomaine poisoning.

In acute alcoholism we get the odor of alcohol from the breath. The face may be either pale or flushed; the eyes are injected and staring in appearance; the pupils react sluggishly to light and are dilated; the respiration is slow and stertorous in character; the pulse at first is full and bounding, later becomes faint and slow; the feces and urine may be passed involuntarily; the temperature is sub-normal. In unfavorable cases the fatal result follows in from six to ten hours.

As a rule uremic coma may be rather easily excluded.

Fracture of the skull, apoplexy, ptomaine poisoning, usually present rather characteristic symptoms.

Drug poisoning may not be as easy to exclude, but a careful study of the case will usually enable the physician to reach a correct diagnosis.

Delirium tremens must be distinguished, according to Kraeplin classification of 1910, from

Paresis,
Meningitis,
Epilepsy,
Febrile delirium,
Alcoholic hallucinosis,
Dementia precox.

We should also consider in this connection,

Korsahoff psychosis,
Alcoholic dementia,
Jealousy psychosis,
Pathological drunkenness.

In delirium tremens there is usually disturbed digestion, tremor, fitful sleep, illusions, hallucinations (both visual and auditory), mental distress, great motor activity, slight elevation of temperature, a full, bounding pulse, tendon reflexes exaggerated. Patient may be disoriented for time, place and person.

In paresis, with an alcoholic history, the differentiation may be difficult for the excited paretic is often mistaken for delirium tremens. The paretic, however, has more disturbance of consciousness, a poor stock of knowledge and is not apt to show the characteristic mixture of apprehensiveness and humor found in delirium tremens. Sometimes the paretic nature of the disease becomes clear after the delirium has disappeared. Occasionally, the initial outbreak of paresis appears to be a true delirium (Southard). The paretic also presents more or less of a neurological picture, and later in the disease a psychic picture which is not characteristic of delirium tremens.

Meningitis.—Very often meningeal symptoms appear with a subsidence of delirium and hallucinosis in alcoholics. In meningitis there is a semi-comatose condition with muttering delirium, and sometimes convulsive twitches. Dana has described this condition as "wet brain." But alcoholic meningitis seems a more suitable term.

Epilepsy.—Apparently alcohol is contra-indicated in this disease. Alcohol, even in small quantities, says White, makes epileptics worse and their fits more frequent. It is not uncommon for one or more convulsions of an epileptic nature to occur as the result of a debauch. Some writers have described

this condition as "convulsive drunkenness."

Febrile Delirium, or Symptomatic psychosis, may be due to both physical and psychic causes: Physical, such as pregnancy, abortion, lactation, excessive hemorrhage; psychic, such as illegitimacy, domestic troubles, excesses, failure in business, disappointments in one way or another.

Alcoholic Hallucinosis.—Briefly, I will present a case which seems to be quite characteristic. There is nothing important in the family history or the physical make-up of this man. He is a negro, fifty-five years old; blood and spinal fluid negative. The patient is oriented. He states that he has been living for fifteen years in the home of an elderly lady. He thinks that last Sunday morning, while under the influence of liquor, that he made some advances toward her and was reprimanded at the time. He felt very badly over this. That night at the moving picture show, there was presented on the screen an obscene picture, and somebody called out his name. This disturbed him a great deal. He went home and slept well. The next day he went to his work as usual, but noticed that people appeared different toward him. The next day nothing unusual occurred. The following day he began hearing people talk about him as he wandered about the streets. They made statements regarding his character—called him a low-down nigger, and stated that negroes in general all ought to be killed. This frightened him and he started to walk to another town, as he had no money, and all the way there was a motor-driven vehicle with a musician in it, who played. It would pass him and turn off in some corner and leave him for a while, and then again the machine would rush by him, still playing the music. He went into a house and got a job mopping a floor, but in a room above he heard a woman and her husband talking about him. They were saying very detrimental things about his character. All the time he was in the house this motor vehicle was outside and the music playing. He went out on the streets, and again heard people talk about him. That night he slept in the woods; the next day he came on the street again and saw the same vehicle and heard the music play. This time they were playing a funeral dirge. On admission to the hospital he told this story in full, and said to the examiner, "If anything happens to me while I am here, you'll get it." On thorough investigation it was found that his ideas concerning what had happened at the boarding-house, the moving picture house, and in the streets were all untrue.

Briefly this case presents auditory and visual hallucinations. The auditory hallucinations predominated, which is usual. The threatening, abusive and commanding nature of the hallucinations is also quite characteristics. Visual hallucinations are usually fleeting in character. Olfactory hallucinations, in which gases and chloroform are inhaled, are also quite common. This case is oriented, which is also one of the characteristics of this disease.

Regarding delirium tremens vs. alcoholic hallucinosis, Kraepelin has this to say:

	D. T.	A. H.
Lucidity	0	+
Orientation	0	+
Sensorium	Clouded	Clear
Hallucinations	Sight	Hearing
Suggestibility	+	Normal

Restlessness	+	0
Consistent delusions	0	+
Coarse tremor	+	0
Course	Rapid	Slow
Termination	Crisis	Gradual

Between alcoholic hallucinosis and dementia precox, patients of the former class often complain of poisonous substances, and of the food being contaminated, as is the medicine, with filthy articles. Electrical shocks often disturb the patient, who frequently complains of dictagraphs in the room. Patients may be homicidal and they are very commonly suicidal. Acute attacks usually result in recovery, but if the alcohol is continued, chronic brain symptoms nearly always develop.

Differentiating from precox, it is well to consider the age of the patient, and also his habits, though it is not uncommon for patients with dementia precox to develop very pernicious habits. Kraepelin gives the following table, which is a very satisfactory differential guide:

	d. p.	alc. hal.
Gradual onset	+	— or 0
Schizophrenia	+	0
Catatonia	+	0
Phonemata overheard	0	+
Phonemata leveled at	+	0
Delusions somatic	+	0
Delusions personal	+	0
Delusions allopsychis	+	
Emotion superficial	+	0
Humor	0	+
Apprehensiveness	0	+

Korsahoff Psychosis.—The onset resembles an attack of delirium tremens. Gradually the hallucinations disappear and the patient presents rather a marked memory weakness, confabulation, when the gaps between events are filled by all sorts of fanciful stories of his experiences, etc. He is disoriented completely or in part as to time, place and person. There is usually a tenderness of superficial nerves and may be atrophy of the muscles. Patella reflexes are diminished. The following case was sent to the hospital as it was thought he was developing locomotor ataxia. There was nothing of interest in his physical condition. The blood and spinal fluid were negative. Pupillary and Achilles reflexes present. Knee jerk absent. No Babinski or ankle Clonus. Slight Romberg. Gait slightly ataxic. No atrophy or paralysis. No tenderness along the nerve trunks. No speech defect. Tremor in writing present. Patient gives alcoholic history. Patient says that his wife was here yesterday, which is erroneous, as patient has not seen his wife for two years. Patient says that he has been working all winter, when in fact he has not worked for nearly a year. He then tells about his trips at cafes, etc., yesterday, which is not true, as he was confined to the hospital. He discusses at length the events of his life, giving rather a logical story of what he has done recently, all of which is untrue, as he has been confined to the house and hospital. Patient is disoriented as to time, he cannot give the day of the month, the day of the week or the year. He gives his name correctly. He does not know the place, thinks it may be some kind of an institution. Recent and remote memory is hazy and unreliable in all respects. He says some friends came to see him yesterday and tells what they talked about. Patient is pleasant and agreeable, has not been at all restless or disturbed. When asked if he had seen the examiner before, said, "O, yes, I have known him for some time."

Alcoholic Dementia. — Occasionally we see an alcoholic patient with marked mental deterioration, who is becoming fast demented, who, so far as one is able to ascertain, has never shown any of the symptoms of acute alcoholism. Frequently, however, if a careful history is secured, it will be discovered that there have been brief periods of hallucinosis. The patient may have had a period of unrest and subconsciousness, recognizing the character of the phenomenon.

Jealousy Psychosis of alcoholics must be differentiated from arterial sclerosis. Patient's delusions are mostly of persecution. His fellow workmen become annoying to him and begin to plot against him in various ways. His employer may discriminate against him. Nearly always he thinks his wife is unfaithful to him. She leaves the home too often to visit some relative, and most men seem suspiciously friendly to her. A "good morning" from the milkman is cause for grave suspicion on his part. The tea and coffee taste queer, probably as a result of poison put in by his wife in order that she may get rid of the patient. These delusions often lead to violence.

Pathological Drunkenness.—The importance of recognizing the character of this mental disturbance of alcoholics is great because of the medico-legal difficulties that are liable to arise as a result of criminal acts during a period when there is "disassociation of consciousness" and complete amnesia. These patients may, after taking a drink of alcohol in any form, go for days or weeks in a state of complete amnesia, continuing, of course, to drink all the time, but having no recollection of any of their acts after taking the first drink.

From the County Medical Societies

The monthly meeting of the Burlington and Chittenden County Clinical Society was held at the Mary Fletcher Hospital, Thursday evening, March 28.

The meeting was called to order at 8:45 P. M.

In the absence of the President, Dr. Sears, Dr. J. N. Jenne was elected chairman.

The minutes of the previous meeting were read and approved.

The paper of the evening was given by Dr. John B. Wheeler, "The Modern Treatment of Fractures of the Extremities by Extension and Suspension." Dr. Wheeler gave a practical demonstration of the use of an adjustable frame, an extension and suspension apparatus, fitted to a hospital cot for use in the treatment of fractures, and its easy adaptability to the numerous requirements of fracture work on the extremities. He mentioned the frequent occurrence of compound fractures in army service, and the many advantages of the method demonstrated over the older methods of rigid fixation by Buck's extension in the treatment of such injuries, and that somewhat similar needs present themselves in the practice of surgery in civil life. Some of the advantages in this method of treating fractures are less pain and discomfort to the patient, greater freedom of movement for the patient, greater ease in dressing, and better control of the fracture.

The discussion was opened by Dr. Allen, who spoke of the convenience of the combined methods of extension and

(*Continued on page* 153)

Vermont Medicine

The Official Organ of the Vermont State Medical Society

Conducted by the Publication Committee

William Gray Ricker, M.D., St. Johnsbury, Chairman.
A. Stuart M. Chisholm, M.D., Bennington.
Charles Francis Dalton, M.D., Burlington.

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All business communications, including subscriptions, are to be addressed to Dr. Hamilton, other communications are to be sent to Dr. Chisholm.

The Committee assumes responsibility for the opinions expressed in the Editorial columns alone

Editorials

THE DIET CURE OF CANCER

We have received from Dr. L. Duncan Bulkley a copy of the address entitled "The Real Cancer Problem," delivered by him last winter before the Society of the Alumni of Bellevue Hospital. We had occasion two years ago to speak of Dr. Buckley's book, "Cancer, its Causes and Treatment," and at that time it seemed to us that he was assuming a very great responsibility in opposing the surgical treatment of cancer. Dr. Bulkley's authority gives weight to his opinion, and we are somewhat disquieted to see that his opinion is unchanged. He observes that the death rate from cancer has risen by 28.7% since 1900 while the death rate from tuberculosis has fallen 27.8% in the same period. "It is also not a little remarkable," he says, "that during the year 1915, when there was a special effort made to educate both the laity and the medical profession in regard to the advisability or necessity of early operations in cancer, the actual death rate rose by 1.7 persons per 100,000 living, whereas the average yearly rise for the preceding five years had been only 1.2 persons per 100,000."

Of course the death rate from one disease can afford no argument for another disease unless one can be shown to be intimately connected with the other as its cause or its effect or its necessary concomitant, and such comparisons as Dr. Bulkley institutes, together with their deductions, are quite without value. Indolence or idleness he considers as one of the causative influences which are concerned in the prevalence of cancer, and then later he blames its increase partly on the hurry, bustle, and anxieties of modern life. But his great indictment lies against meat. He is confident that the increased consumption of meat is the chief cause of the increase of cancer and he recommends a vegetable diet as the best remedy. But there is no such increased consumption of meat.

Our meat bills have, to be sure, mounted alarmingly, but Dr. Bulkley is not concerned about the cost of meat but with the amount that is eaten. He speaks of our vegetarian ancestors, but we are confident that they ate more meat and more kinds of meat than we ourselves ever did or do. Read of the carnivorous repasts of our ancestors and judge. Read of the barbecues, the holocausts which garnish the pages of history and historical romance. We were often puzzled in our school days to know what became of the immense number of animals that were offered as sacrifices to the gods. Were they really consumed by the fire of the altar on which they were sacrificed? No, they were only cooked. They were offered to the gods, but they were eaten by the men assembled to watch the sacrifices. When a dozen oxen or sheep were offered one after the other until the omens were favorable, or were sacrificed to Artemis for a favorable wind, the gods had to content themselves with the odor alone while the roasted meat was consumed by hungry mortals. Meat and wine were the food and everything else that was eaten with them was the "*opson*," the "fixings," or dressing. In other words, a sacrifice was a banquet or, to speak vulgarly, a feed.

Does anyone imagine that Lucullus, at his famous feasts, spent the wealth of Asia on chickpeas and legumes, or that Apicius, who exhausted his millions on his belly and finally when there remained of all his vast fortune but a paltry $350,000, killed himself for fear of starving to death—did he put all that good money into parsley and tetragones? Why, those excellent people spent eight to ten hours at dinner and consumed prodigious quantities of meat. What Brobdignagian banquets they were! And if cancer is caused by meat and if it has continued to increase at Dr. Bulkley's ratio, it must have begun a long way on the other side of the decimal point.

Look for instance at Pepys' dinners and weigh the meat that he and his wife alone, *tete-a-tete,* ate. This is one of many: "A dish of marrow-bones, a leg of mutton, a loin of veal, a dish of fowl, three pullets and a dozen of larks all in a dish, a great tart, a neat's tongue, a dish of anchovies, a dish of prawns and cheese." Our ancestors vegetarians! Here is the index of another of Mr. S. Pepys' dinners "most neatly dressed by our own only mayde"—"a fricassee of rabbits and chickens, a leg of mutton boiled, three carps in a dish, a great dish of a side of lamb, a dish of roasted pigeons, a dish of four lobsters, three tarts, a lamprey pie, a dish of anchovies, good wine of several sorts, and all things mighty noble, and to my great content." Pray, did our ancestors ever eat anything *but* meat? The side-dishes, relishes, and garnishes, are not worthy of mention. The opsonic index is missing. There were no vegetables whatever. The Englishman's boast of three pounds of red beef under his belt reads like the supper of a hermit or a Barmecide beside Pepys' carnivorous splendors. The list alone gives a healthy American of today an indigestion, and Armour would find it difficult to provide for his own family.

Upon the increased consumption of meat Dr. Bulkley can base nothing, for it doesn't exist, and yet upon that hypothesis mainly he bases his system of cure. In logic if you invalidate the major premise you destroy the conclusion. Nothing is left to Dr. Bulkley

but to demonstrate the cure of cancer by diet rather than by logic. This he has not yet done. Meanwhile there is no one of us but has seen cases of cancer cured by the knife and it seems probable that but for operation the increase of cancer would be more marked than even from Dr. Bulkley's figures, it is.

On the whole we do not find Dr. Bulkley's hypothesis even rendered probable. We remember reading an article in one of our valuable medical exchanges a year ago, wherein the cause of poliomyelitis was ascribed with much earnestness and confidence to potatoes, the disease rate rising or falling regularly with the greater or less consumption of potatoes, in the several areas of population examined. It does not seem that Dr. Bulkley has gone even to that pains to establish his conjecture.

HONOR TO WHOM HONOR

Our attention has been drawn to an error in our recently published lists of physicians in the Medical Service. Until the May issue of VERMONT MEDICINE, the honor list contained some names as on the inactive list of the Medical Service which have now been removed, the names, that is, of certain men who have passed the physical test but refused to accept a commission. Of course these names do not belong on the Honor List, and have consequently been removed. This explanation seems due to the physicians whose names are recorded in that list with an apology for presenting among them the names of those who have never had a title to appear in their honored company. Attention is called to the list, which appears on page 157 of this issue, and it is possible that more particular notice may be given to this matter in a later issue.

The War

THE MEDICAL DEPARTMENT AND THE GENERAL STAFF

The General Staff of the Army is the most important body connected with the prosecution of the war. One of the vital phases of the war is the physical condition—the health—of the soldier. It is an anachronism, therefore, that the Surgeon-General of the Army is not included in the General Staff. A recent issue of the *Army and Navy Register* reproduces a photograph of the Navy War Council in session; prominent among its members is the Surgeon-General of the Navy, Admiral Braisted. Somehow the Navy seems to set the pace for the Army in constructive legislation relative to medical administration; somehow the Medical Department of the Army seems to be regarded as of minor importance. Why, we do not know. Elsewhere in this issue we print the text of a bill recently introduced into the House of Representatives by Mr. Hicks to remedy the present condition. It is to be regretted that this bill includes anything more than this first section:

"That hereafter the Surgeon-General of the Army shall be a member of the General Staff Corps, and that the number of officers of the General Staff now authorized by law be increased accordingly."

Certainly there can be no reasonable opposition to this particular part of the Hicks' bill.—*Jour. A. M. A.*, May 25, 1918.

SURGEON-GENERAL GORGAS

The *Washington Post* on May 7 is responsible for the statement that Surgeon-General Gorgas will reach the retiring age of sixty-four on October 3, 1918. Of course this does not mean that General Gorgas will be retired in October, because no one would consider retiring a man who every day is demonstrating his youth and efficiency in a position of such great responsibility as that of Surgeon-General of the United States Army during the greatest war in history.

Those who are in a position to know, regard General Gorgas as second in efficiency only to President Wilson; and they marvel at the work he has accomplished in the past year. Only a young man in vigorous health could have lived through what the General has done since the War began. Office hours begin in his office at 9 o'clock, but General Gorgas is there by 8 or 8:30, and he is one of the last to leave in the afternoon. He walks to and from his work, more than a mile, every day, and he climbs up and dow the seven flights of stairs in the Mills Building several times a day, because he likes the exercise and sometimes cannot wait for an elevator.

Years ago General Gorgas demonstrated that the white man can live, thrive and accomplish as much in the tropics as in colder climates, if malaria and other tropical diseases have been eradicated. Now some are believing that he discovered somewhere on the Isthmus of Panama the fountain of youth that Ponce de Leon sought in vain in the sixteenth century. At any rate, it is believed in Washington, too, that the two best places of residence in the world for developing youth and efficiency are Princeton and Panama.

It is just possible that there exists in Jersey and Panama a variety of mosquito that transmits to those whom it bites the germs of youth and efficiency. This theory, however, does not seem tenable, because the French were bitten by mosquitoes in Panama and died by the thousands, and some are said to have been bitten by the Jersey mosquitoes, and all the inhabitants of New Jersey cannot be considered presidential timber.

President Wilson is somewhat younger in years than General Gorgas, and since he has one of the best doctors in the country to see him every day, to keep him well, he may be expected to continue his wonderful degree of efficiency for many years. General Gorgas is his own doctor and he is engaged in the small undertaking of keeping a million and a half boys and young men from catching measles, pneumonia and some diseases that do not affect the respiratory organs, that afflict those who have not learned how to take care of themselves,—and he is doing both jobs better than any man before him ever did. If one knows of the regular life and simple and abstemious habits of General Gorgas he can understand how at sixty-three years he is younger than many men at forty. If all the soldiers lived the hygienic life that he follows, the Army sickness and death rate would be negligible, though it should not be forgotten that the morbidity and mortality rates among our troops are less than half those in the Spanish-American War, and are lower than those of any other army that was ever gotten together.

Of course no one has considered it possible for General Gorgas to be retired during this War. Millions of mothers and fathers and other relatives and friends of our soldiers thank God every day that General Gorgas is directing the army of doctors who are fighting diseases that are as dangerous and that are as insidious enemies to mankind as the Huns. They feel comforted every day on realizing that Gorgas is safeguarding the health and lives of their boys.

Aside from the fact that there is no one who could so ably take the place of General Gorgas as Surgeon-General, the United States and the world owe him such a debt of gratitude that he could not be retired until his labors during the present War have been completed. His conquests over disease have been more brilliant and epoch-making than those of any general who has fought battles against man. Gorgas has brought health and happiness to millions, while wars against man have made countless thousands mourn.

The Gorgas in the Surgeon-General's office at Washington today is the same quiet, smiling, genial man who eradicated yellow fever from Havana for the first time in centuries. He is the same efficient genius in organization, whose achievement in the sanitation of the Canal Zone, President Taft said, "made possible the completion of the greatest industrial undertakings in the history of the world." He is the same Gorgas, but with greater experience, whom the British Government sent for to go to South Africa to study conditions and advise methods for preventing pneumonia that was killing thousands of miners in the Rand and in Rhodesia. All these tasks which he accomplished prepared him for the great work in which he is now engaged; and history does not record anything more remarkable than the training, in less than a year, of the great army of doctors, nurses and hospital attendants who now protect and care for our sick and wounded soldiers in this country and France.

The wisest, the most considerate man in the world appoints the next Surgeon-General of the United States Army; and since President Wilson holds justice and efficiency in such high esteem, there can be no doubt of the reappointment of Surgeon-General Gorgas when his term expires, or when he comes to the age of retirement. If the President has not the legal right to appoint a retired officer as Surgeon-General, Congress will enact a law giving him that privilege. Our country and the world need General Gorgas too much for his retirement to be considered until we and our Allies have conquered the Huns.—Editorial in *Southern Med. Jour.*, May, 1918.

A DOCTOR'S CALL TO THE COLORS

The medical profession of the country has responded nobly to the call for men to care for our soldiers and sailors at home and abroad—but more are urgently needed and at once. The surgeons-general of the army and navy ask for more men, 7000 at least—are they to ask in vain?

Already there are on duty or in training 16,000 members of the medical reserve corps to whom the care of 97 per cent. of our men will fall, and orders are about to be issued calling every man who has a commission in the corps to active duty with the alternative of dis-

charge. That means that there is no longer a "reserve"; that every man of them is needed, and many more, too.

Massachusetts has furnished the army with 843 men, 14.2 per cent. of its medical population, but where does she stand in the percentage column of states—No. 31—nearly two-thirds the way to the foot of the line. One feels humiliated to see state after state, not one more able to help than she with higher percentages reaching even as high as 24 per cent.

Are our men waiting for something to happen—it is happening now. Do they need something to stir their sluggish blood—let them think of Dr. "Pete" Howe, whom we all loved, who entered the British service because his poor eyesight made it difficult to get into our army and who was killed doing his duty, and lies in an English military cemetery with the American eagle on the cross at his head. Are they afraid of their lives, their health, their money, their ease? or are they only half awake? The need of the boys at the front and in the camps is more urgent, more vital than of those who are left behind, and the public must understand that there will be a scarcity of doctors as of wheat or coal. Because one cannot get his or her favorite doctor, let it not be thought that the community is totally depleted and everybody is going to die. We want the best men for the service. We must have them.

Some men must stay behind, for a certain number are necessary to the community, as practitioners and teachers, while many are physically unfit to go.

The time has come when the man who stays at home for good cause, in other words, who is exempt, should have a designating badge like that of the volunteer medical corps, which is composed of those who would be eligible for the medical reserve corps were it not for age, physical disability, institutional or communal needs. This might shame some men into enlisting who could not be reached any other way.

The time has also come when every man should search his conscience, should truthfully decide whether he is a "slacker" or not, whether he could not go were he willing to give up his ease, luxuries and creature comforts.

Heaven forbid that a medical draft should be necessary. Dr. Mosher is right when he says that "the only test of Americanism today is service. By this test all men are being silently judged."

"Choose ye this day whom ye will serve."

SAMUEL J. MIXTER,
Major, M. R. C.

(*Continued from page* 147)

suspension, and said, it recalls to mind the established practice of vertical suspension in fracture of the femur in infants, the parts swinging freely at the hip joint with very little disturbance at the point of fracture. The comparative ease in care, it being possible to move the body rather freely, the leg being free to move with the body of the patient.

Dr. Pease said he wished to emphasize the comfort of such a frame to the patients, and the ease with which the fractured limb is handled. He also spoke of the substitution of wooden pins in place of metal fasteners when a solution like Dakin's is used.

Dr. Jenne said that he was reminded by what Dr. Wheeler had said of the crudeness of former methods, those employed by Prof. Smith, and Buck's ex-

(*Continued on page* 164)

Honor Roll of Vermont Physicians in the Service of their Country.

DIED IN SERVICE

1ST LIEUT. JOHN C. MURPHY, BURLINGTON.

Majors

Harry Leslie Frost, Williston, Orthopedic Surgeon, Camp Devens.

Thos. J. Hagan, M. C., Pittsford, N. G A., 57th Pioneer Rgt., Camp Spartanburg, S. C.

Horatio Nelson Jackson, Burlington, Senior Instructor, Medical Officers' Class, Camp Mead.

Wm. Hayes Mitchell, Shelburne, in France.

William Stickney, Rutland, Camp Crane, Allentown, Pa.

Harry T. Summersgill, Bennington, Fort Oglethorpe, for instruction.

Edward A. Tobin, Bennington, Camp MacArthur, Waco, Texas.

Wm. Warren Townsend, Rutland, Duty, Hoboken, N. J.

Captains

Geo. Lucien Bates, Morrisville, Camp Dodge.

Nathan Renwick Caldwell, Groton, Fort Oglethorpe.

Thomas Stephen Brown, Burlington, inactive list.

Geo. E. Chamberlain, So. Newbury, Vt., physically disabled.

Nicholas James Delehanty, Rutland, Fort Oglethorpe.

Frederick Elsworth Clark, Burlington, Hoboken, N. J.

Alan D. Finlayson, Burlington, Camp Joseph E. Johnston.

Frank Leslie Gilbert, Grafton, in France.

James Madison Hamilton, Rutland, inactive list.

Henry Chester Jackson, Woodstock, Fort Riley.

Arthur Leo Larner, Burlington, San Antonio, Texas.

Charles Emerson Libbey, Danville, Camp Taylor.

Geo. Guerin Marshall, Rutland, Balboa Heights, Panama.

Seth Hunter Martin, Alburg, Camp Greene, Charlotte, S. C.

Edward Francis Murray, Burlington, Camp Pike.

George Herbert Newton, Cambridge, Camp Sevier, Greenville, S. C.

Thomas Rice, Brattleboro, Camp Lee.

William Reynolds Patton, Fairfield.

Geo. Roberts, Chester, Base Hospital, Fort Oglethorpe.

Simeon Gould Start, Cambridge, inactive list.

Herbert Wellington Taylor, Brattleboro, in France.

Emmus G. Twitchell, Burlington, Fort Oglethorpe.

Walter James White, Middlebury.

First Lieutenants

Fred Noble Aldrich, Derby, in France.

Frank C. Angell, Randolph, Fort Oglethorpe (Duty).

Robert Oscar Blood, Newbury.

Windsor DeForest Bowen, Saxtons River, Base Hospital, Camp Upton.

David Russell Brown, Lyndonville, inactive list.

Charles Evans Buchanan, Felchville, inactive list.

Percy Erastus Buck, Glover, Newport News, Va.

Arthur Washington Burnham, Norwich.

John Marie Caisse, Swanton, Camp Laurel.

Luther John Callahan, Manchester, in France.

Mitchell D. Carey, Montpelier, Fort Oglethorpe.

Charles Porter Chandler, Montpelier, Fort Benjamin Harrison.

Joseph A. Ciminera, Burlington, Fort Oglethorpe.

Bernie Dennis Colby, Sudbury, Fort Oglethorpe.

Sherwin Aldrich Cootey, Wallingford, Fort Oglethorpe.

Albion Arthur Cross, Williamstown, Harvard Graduate School, Boston.

Julius E. Dewey, Montpelier, Camp Sherman.

Frank Henry Everett, Castleton, Camp Hancock.

Edward V. Farrell, Danby, Base Hospital, Camp Upton.

Rowley S. Flagg, No. Troy, Gettysburg, Pa.

Chas. F. Fleming, W. Rutland, inactive list.

William Arthur Flood, North Bennington, Hoboken, N. J.

Barnet Frank, Burlington, inactive list.

C. L. Gannon, Burlington, inactive list.

Victor Patrick Genge, Newport, in France.

Bert D. George, Hardwick, Fort Oglethorpe.

Stewart Louis Goodrich, Waterbury, Fort Porter.
Albert Joseph Greenwood, Springfield.
George Guy Hall, South Woodbury, inactive list.
Hugh Henry Hanrahan, Rutland, Camp Jackson, Columbia, S. C.
Herbert Bill Hanson, E. Berkshire, Chicago.
John W. Harvey, Camp Dix.
F. R. Hastings, Barton, in Canadian Army.
Byron Harry Hermann, St. Albans.
Frederick W. Harriman, Montpelier, Fort Oglethorpe.
Anselme Ephrem Houle, Bennington, Camp Mead.
William Orrin Hutchinson, Washington, Fort Oglethorpe.
Roy Chase Jackson, Brattleboro.
John P. Kerrigan, Ludlow, Fort Oglethorpe.
Albert Clark Kinney, E. Hardwick, Army Medical School, Washington.
Harry Hitchcock Lawrence, Springfield, inactive list.
Geo. Eugene Latour, Burlington, Camp Custer, Battle Creek, Mich.
James L. Lovejoy, Manchester Depot, Fort Oglethorpe.
Robert Leland Maynard, Burlington, Base Hospital No. 116, New York City.
Louis F. McCarthy, Fort Monroe.
Donald Guy McIvor, Swanton, in France.
Walter Franklin McKenzie, Burlington, Camp Vail, Little Silver, N. J.
Sidney Mitchell, Jr., Richmond, Army Medical School for instruction.
Arthur Lionel Patch, Windham, inactive list.
Martin J. P. Paulsen, Winooski, inactive list.
Harold Stearns Peck, Rutland, in France.
Charles Norman Perkins, Burlington, inactive list.
Douglas James Roberts, Burlington, Instructor in Roentgenology, Cornell Medical College.
Leonard Blake Rowe, Orwell, Lake West, N. J.
George Clark Rublee, Hardwick, Base Hospital, Camp Upton.
Geo. Albert Russell, Arlington, 19th Cavalry, Ft. Ethan Allen.
Dennis J. Sheehan, St. Johnsbury, Fort Oglethorpe.
Chester Lewis Smart, Burlington, Fort Oglethorpe.
Clifton Henry Smith, West Rupert, Camp Jackson, Columbia, S. C.
Ray Ernest Smith, Rutland, in France,
Henry E. Somers, Newport, Orthopedic Surgery, Garden City, L. I.
Henry Eugene St. Antoine, Burlington, Jamaica Plain, Mass.
Walter Nale Squires, Burlington, inactive list.
Harold Franklin Taylor, Hardwick, inactive list.
John Patrick Tierney St. Johnsbury, Base Hospital, Camp Gordon.
John David Thomas, Pownal, Camp Devens.
Ray Brown Thomas, Enosburg Falls, Camp McClallen, Anniston, Ala.
Henry Latimer Tillotson, Groton, Vt., inactive list.
Joseph Arthur Wark, Barre, inactive list.
William Godfrey Watt, Vergennes, Army Medical School.
Henry Reuben Weston, Windsor, Base Hospital, Camp Lee.
John Brooks Wheeler, Burlington, Advisor to Governor of Vermont.
William Henry White, North Troy.
Rollin D. Worden, Montgomery, Camp Sherman.

Honorably Discharged on Account of Physical Disability

Lieut Francis J. Ennis.
Lieut. Waldo R. Harkness.

Unclassified

Edward Anthony Flynn, Burlington.

Navy

Geo. Albert Alden, Burlington, Asst. Surgeon, U. S. N. Reserve.
Bertrand Fletcher Andrews, Burlington, Asst. Surgeon, U. S. N. Reserve.
Edward A. Crofutt, Poultney, Asst. Surgeon, U. S. N.
Frederick Henry Gebhardt, Rutland, Naval Training Station, Newport, R. I.
Ransom H. Holcomb, Burlington, Asst. Surgeon U. S. N. Reserve.
John Dowd Lane, Bennington, Asst. Surgeon U. S. N. Reserve.
Leland McKinlay, Burlington, Asst. Surgeon U. S. N. Reserve.
Charles Edward Morse, Rutland, Asst. Surgeon U. S. N. Reserve.

Italics indicate serving "overseas."

Information is requested that this roll may be kept as nearly correct as possible.

More Vermont Physicians for Service

At a meeting of the Vermont State Committee, Council of National Defense, Medical Section, held at Montpelier, May 31, the names of those physicians whom the committee are particularly recommending for commissions in the week before July 1st were selected.

This list includes the names of many who cannot be especially urged to go but who are already voluntarily making application and so may properly be counted in Vermont's quota.

The list follows:

Addison County 1.

H. L. Williamson, Bristol.

Bennington County 5.

J. H. Cole, Bennington.
S. K. Gray, Arlington.
L. M. Kelley, Manchester.
F. J. Dean, Jr., North Bennington.
T. F. Crowley, Readsboro.

Caledonia County 2.

R. H. Burke, St. Johnsbury.
J. W. Wesley, St. Johnsbury.

Chittenden County 12.

B. D. Adams, Burlington.
F. J. Arnold, Burlington.
E. O. Crossman, Burlington.
W. H. Clancey, Burlington.
J. W. Courtney, Burlington.
B. Frank, Burlington.
C. L. Gannon, Burlington.
R. W. Johnson, Burlington.
J. A. Hunter, Burlington.
L. McCambridge, Burlington.
C. N. Perkins, Burlington.
H. L. Wilder, Burlington.

Franklin County 6.

H. L. Pierce, Swanton.
J. S. King, Georgia.
H. D. Hinman, Enosburg Falls.
C. A. Loftis, St. Albans.
G. C. Berkley, St. Albans.
F. W. Norris, St. Albans

Orange County 2.

J. P. Gifford, Randolph.
A. B. Wodman, Wells River.

Orange County 2.

E. N. Bibby, Craftsbury.
R. M. Wells, Orleans.

Rutland County 2.

C. F. Ball, Rutland.
E. J. Cray, Brandon.

Washington County 14.

J. W. Stewart, Barre.
D. C. Jarvis, Barre.
F. X. Z. Archambault, Barre.
G. L. T. Hayes, Graniteville.
W. J. Lindall, Montpelier.
L. A. Newcomb, Montpelier.
C. H. Burr, Montpelier.
J. R. Grimes, Montpelier.
C. E. Hunt, Montpelier.
M. T. McGuire, Montpelier.
W. H. Sisson, Northfield.
A. B. Warren, Warren.
T. J. Allen, Waterbury.
G. S. Bidwell, Waterbury.

Windham County 10.

O. V. Hefflon, Wardsboro.
G. B. Hunter, West Brattleboro.
J. E. Galvin, Londonderry.
G. R. Anderson, Brattleboro.
E. L. Tracey, Brattleboro.
H. P. Greene, Brattleboro.
G. G. Murray, Bellows Falls.
H. L. Waterman, Brattleboro.
B. E. White, Brattleboro.
J. T. Rudden, Bellows Falls.

Windsor County 14.

W. M. Huntington, Rochester.
D. S. Drake, White River Jct.
H. H. Lawrence, Springfield.
C. W. Kidder, Woodstock.
M. P. Stanley, White River Jct.
C. H. Hazen, Springfield.
C. E. Buchanan, Felchville.
W. Blanchard, Windsor.
T. F. Gartland, White River Jct.
L. B. Jones, Norwich.
S. H. McKewen, Windsor.
I. R. Doane, Springfield.
R. J. Goss, Wilder.
C. P. Munsell, So. Royalton.

THE FOLLOWING ARE NOW APPLYING FOR COMMISSION

J. W. Courtney, Burlington.
E. N. Bibby, Craftsbury,
E. O. Crossman, Burlington.
W. M. Huntington, Rochester.
H. P. Greene, Brattleboro.
I. R. Doane, Brattleboro.
R. H. Burke, St. Johnsbury.
E. J. Cray, Brandon
J. A. Hunter, Burlington.
A. B. Warren, Warren.
C. A. Loftis, St. Albans.
J. H. Woodruff, Barre.
G. B. Munsell, South, Royalton.
G. H. Parmenter, Montpelier.
W. G. Hodsdon, Rutland.
J. B. Brennan, Poultney.
C. H. Burr, Montpelier.
B. E. White, Brattleboro.
R. H. Miner, Windsor, Vt.
J. L. Welsh, Proctor.
S. H. McKewen, Windsor.
J. R. Grimes, Montpelier.
B. D. Adams, Burlington.
T. F. Gartland, White River Jct.
J. P. Gifford, Randolph.
H. L. Pierce, Swanton.
W. J. Tindall, Montpelier.
H. L. Wilder, Burlington.
J. A. Hunter, Burlington.
S. K. Gray, Arlington.
G. B. Hunter, West Brattleboro.
O. V. Hefflon, Wardsboro.
C. F. Ball, Rutland.
A. L. Fogg, Underhill.
J. H. Cole, Bennington.
G. R. Anderson, Brattleboro.
G. S. Bidwell, Waterbury.
W. H. Clancey, Burlington.
H. D. Hinman, Enosburg Falls.
C. W. Kidder, Woodstock.
J. S. King, Georgia.

The following applicants have been commissioned under the present call.

C. L. Gannon, Burlington.
H. H. Lawrence, Springfield.
A. L. Patch, Windsor.
C. N. Perkins, Burlington.
J. M. Hamilton, Rutland.
S. G. Start, Cambridge.
B. D. Adams, Burlington.
H. L. Williamson, Bristol.

Doctors from Vermont Who Have Declined Commissions in the Medical Reserve Corps

Ermin Morton Gardinier, Bennington.
Eugene Joseph Cray, Brandon.
Daniel Augustus Shea, Burlington.
Chester Sylvester Leach, Hyde Park.
Charles Henry Bates, Ludlow.
Linwood Major Kelley, Manchester Center.
John C. Murphy, Richmond.
Everett Joseph Stone, Sharon.
Vance, William Waterman, Vergennes,

MEETING OF THE VERMONT STATE COMMITTEE OF NATIONAL DEFENSE, MEDICAL SECTION.

The tenth meeting of this Committee was held in the parlor of the Berwick at Rutland, June 29th.

The object of this meeting was to check up the progress that is being made in securing Vermont's quota of medical men for July 1st.

The names of those called are given in the table above as well as the names of those that have applied for commissions. Undoubtedly many of those reported as applying have already been notified of their appointment while some have been rejected; whatever may have been the result they have done their full duty if they have subjected themselves to the examination and have accepted such commissions as have been offered them.

(*Continued on page* 162)

From the Council of Pharmacy and Chemistry

During April the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Nonofficial Remedies:

Merck and Company:

Cresol-Merck.

Guaiacol Carbonate-Merck.

Quinine Diphydrochloride-Merck.

Quinine and Urea Hydrochloride-Merck.

Thymol Iodide-Merck.

NEW AND NONOFFICIAL REMEDIES

Dichloramine-T (Monsanto).—A brand of dichloramine-T complying with the standards of New and Nonofficial Remedies. For a description of the actions, uses, dosage and chemical and physical properties see New and Nonofficial Remedies, 1918, p. 157. Monsanto Chemical Works, St. Louis, Mo. (*Journal A. M. A.*, April 6, 1918, p. 999).

Normal Horse Serum.—Marketed in syringes each containing 10 Cc.; also in ampules containing from 10 to 100 Cc. as ordered Gilliland Laboratories, Ambler, Pa.

Gilliland's Concentrated and Refined Diphtheria Antitoxin.—Marketed in syringes containing each 1,000, 3,000, 5,000, 7,500, 10,000, 15,000 and 20,000 units. Gilliland Laboratories, Ambler, Pa.

Gilliland's Concentrated and Refined Tetanus Antitoxin.—Marketed in syringes containing each 1,500, 3,000 and 5,000 units. Gilliland Laboratories, Ambler, Pa. (*Jour. A. M. A.*, April 20, 1918, p. 1159).

Typhoid Vaccine.—Marketed in packages containing three syringes, the first containing 500 million killed typhoid bacilli and the second and third containing each 1,000 million killed typhoid bacilli; in packages containing three ampules, the first containing 500 million killed typhoid bacilli, and the second and third containing each 1,000 million killed typhoid bacilli; also in ampules containing from 5 to 100 Cc. of the vaccine as ordered. Gilliland Laboratories, Ambler, Pa.

Small-Pox Vaccine.—Marketed in sealed capillary tubes, in packages containing one, five and ten tubes each. Gilliland Laboratories, Ambler, Pa.

Original Tuberculin, "O. T."—Marketed in 1 Cc. vials. Gilliland Laboratories, Ambler, Pa.

Tuberculin Ointment in Capsules (For the Moro Percutaneous Diagnostic Test). An ointment consisting of tuberculin "Olds" and anhydrous wool fat, equal parts. Marketed in capsules sufficient for one test. Gilliland Laboratories, Ambler, Pa.

Bouillon Filtrate Tuberculin, "B. F."—Marketed in 1 Cc. and 3 Cc. vials. Gilliland Laboratories, Ambler, Pa.

Bacillen Emulsion Tuberculin, "B. F."—Marketed in 1 Cc. and 3 Cc. vials. Gilliland Laboratories, Ambler, Pa.

Tuberculin Residue, "T. R."—Marketed in 1 Cc. and 3 Cc. vials. Gilliland Laboratories, Ambler, Pa.

Tuberculin for the Detre Differential Diagnostic Test.—Consisting of one tube each of Original Tuberculin "O. T." Bouillon Filtrate Tuberculin "B. F." human, and Bouillon Filtrate Tuberculin "B. F.", bovine. Gilliland Laboratories, Ambler, Pa.

Cresol-Merck.—A brand of cresol, U. S. P. Merck and Co., New York.

Guaiacol Carbonate-Merck.—A brand of guaiacol carbonate, U. S. P. Merck and Co., New York.

Quinine Dihydrochloride-Merck.—A brand of Quinine Dihydrochloride, U. S. P. Merck and Co., New York.

Quinine and Urea Hydrochloride-Merck.—A brand of quinine and urea hydrochloride, U. S. P. Merck and Co., New York.

Thymol Iodide-Merck.—A brand of thymol iodid, U. S. P. Merck and Co., New York. (*Jour A. M. A.*, April 27, 1918, p. 1225).

PROPAGANDA FOR REFORM

Some Nostrums.—Continuing its policy of giving the public the facts in regard to worthless, injurious or misleading advertised nostrums, the Louisiana State Board of Health has analyzed the following "patent medicines": Dermillo, a skin and complexion nostrum composed of zinc oxid, calcium carbonate, starch and salicylic acid in water, colored and perfumed.—Wendell's Ambition Pills, a "great nerve tonic," containing strychnin, ferric oxid, pepper, cinnamon and ginger, and probably a little aloes.—Orchard White, a toilet preparation to be mixed with lemon juice, reported to

be a mucilage containing bismuth citrate, boric acid, alcohol and gum tragacanth.—Excelento Quinine Pomade, a hair preparation found to consist chiefly of petrolatum, some liquid petrolatum, a trace of oil of gaultheria, sulphur, and among other things, a trace of quinine.—Sloan's Liniment, which appeared to be composed essentially of oil of turpentine, oil of camphor, oil of sassafras and capsium.—Vick's Vap-O-Rub, which appeared to be a mixture of petrolatum with camphor, menthol and oil of thyme, eucalyptus and turpentine.—La Creole Hair Dressing, a perfumed solution containing lead acetate, sulphur and glycerin, alcohol and water.—Prescription A 2851 for Rheumatism, formerly said to have been known as Eimer and Amend's Rheumatic Remedy, which appeared to be a sherry wine containing 7.5 per cent. potassium iodid. (*Jour. A. M. A.*, April 6, 1918, p. 1024).

Guaiodine.—Examination of Guaiodine, a preparation of the Intravenous Products Co., Denver, in the A. M. A. Chemical Laboratory shows that, instead of containing free "colloidal" iodin as claimed, the preparation is essentially an iodated fatty oil, containing only combined iodine. The referee of the Committee on Pharmacology reported to the Council on Pharmacy and Chemistry that equally misleading, in view of the Laboratory's findings, are the implied claims that the antiseptic action of Guaiodine corresponds to that of free iodin. Guaiodine is advertised chiefly for the treatment of gonorrhea by means of obviously false claims. The Council declared Guaiodine inadmissible to New and Nonofficial Remedies because of false statements as to composition and action. (*Jour. A. M. A.*, April 6, 1918, p. 1026).

Neoarsphenamine.—The Federal Trade Commission has granted an importing license to the Diarsenol Company, Inc., 475 Ellicott Square, Buffalo, for neodiarsenol, the Canadian brand of neoarsphenamine. Licenses to manufacture neoarsphenamine have also been issued to The Takamine Laboratories, New York, to the Farbwerke-Hoechst Co., New York and to the Dermatological Research Laboratories, Philadelphia. The safest and most effective products, provided one has mastered the technique, are the arsphenamines—not the neoarsphenamines. (*Jour. A. M. A.*, April 6, 1918, p. 1027).

American-Made Acetylsalicylic Acid.—At the request of the Council on Pharmacy and Chemistry an examination of the market supply of American-Made acetylsalicylic acid has been made in the A. M. A. Chemical Laboratory by P. N. Leech. The investigation shows that there are on the American market, made by American firms, several brands of acetysalicylic acid that are just as good as, if not better than, the widely advertised Aspirin-Bayer. About a year ago the Council on Pharmacy and Chemistry deleted Aspirin-Bayer from New and Nonofficial Remedies. Since the Bayer aspirin patent expired in February, 1917, thereby making it possible for manufacturers legally to produce and sell acetylsalicylic acid in the United States, the Council established standards for the quality of this unofficial drug. As a result, the following products have been found to meet these requirements and are included in New and Nonofficial Remedies: Aspirin-L. and F., Acetylsalicylic Acid-Squibb, Acetylsalicylic Acid - Merck, Acetylsalicylic Acid - Milliken, Acetylsalicylic Acid-M. C. W., Acetylsalicylic Acid-Monsanto and Acetylsalicylic Acid-P. W. R. (*Jour. A. M. A.*, April 13, 1918, p. 1097).

Unduly Toxic Arsphenamin.—In view of the reports in current medical literature of untoward results from the use of arsphenamin and neoarsphenamin, Dr. G. W. McCoy, Director of the U. S. Hygienic Laboratory, Washington, D. C., requests that samples of any lot of these arsenicals which have shown unduo toxicity be forwarded to the Hygienic Laboratory for examination. (*Jour. A. M. A.*, April 13, 1918, p. 1110).

Hall's Catarrh Cure.—Another victim fails to get the hundred dollars offered in cases in which this preparation failed to effect a cure. The promoters informed its victim that before paying the guarantee, he would have to prove that his case was one of simple catarrh not complicated by any other disease and that he had taken sufficient of the cure. (*Jour. A. M. A.*, April 13, 1918, p. 1113).

Antipneumococcus Vaccine.—The work by Lister in the diamond mines of Kimberley, South Africa, gives promise of a successful method of inoculation against lobar pneumonia. Lister finds that the pneumonia prevalent among the workers in the diamond mines is due mainly to three groups of pneumococci, and that inoculation with a vaccine made from the three groups prevents the occurrence of pneumonia as caused by members of these groups. (*Jour. A. M. A.*, April 20, 1918, p. 1163).

Thyroid Hyperplasia and Iodin.—The evidence indicates that simple goiter is associated with a deficiency of iodin in the thyroid gland and that goiter formation may be prevented by iodin administration. Marine and Kimball have undertaken a study of goiter prevalence and its prevention by administration of iodin at the request of the Committee on Therapeutic Research of the Council on Pharmacy and Chemistry. In a complete census of the condition of the thyroid gland in girls from the fifth to the twelfth grades of a school population of a large community at the southern edge of the Great Lakes goiter district, they found that 2,184 or 56 per cent., had enlarged thyroids, 13 per cent. having well defined persistent thyroglossal stalks (*Jour. A. M. A.*, March 23, 1918, p. 848).

Tyree's Antiseptic and Aseptinol.—Revolutionary changes in the medical sciences have been so numerous and so rapid that the general practitioner has been unable to keep pace with them. In the resulting confusion the nostrum maker has seen his opportunity for exploiting his useless, unscientific or dangerous preparation. Because of the danger of therapeutic chaos, the American Medical Association established the Council on Pharmacy and Chemistry to place the results of therapeutic progress before the medical profession in an impartial manner. Are you availing yourself of the work of the Council, or are you prescribing proprietaries on the advice of their promoters or are you using drugs of established value? Are you prescribing "Tyree's Antiseptic", so-called, or are you using an antiseptic about which there is no mystery, for which no false claims are made and which is really affective?

Tyree's Antiseptic Powder was claimed to be a combination of "borate of sodium, lumen, carbolic acid, glycerin and the crystallized principles of thyme, eucalyptus, gaultheria and mentha." "Pulv. Aseptinol Comp" is claimed to combine boric acid, the salts of aluminum, crystallized phenol, and the active crystalline principles of thymus, mentha and gaultheria. As a twin may differ from his brother by a wart, so Aseptinol was claimed to contain hydrastis canadensis in addition. An analysis of Tyree's Powder showed it to be essentially a mixture of boric acid, zinc sulphate with insignificant amounts of odorous principles. In view of the misrepresentation in one case, it is difficult to understand why it should have been taken for the model of the other. These twin nostrums have been exploited by similar preposterous claims; they are utterly unfit for the treatment of the various conditions for which they are or have been recommended.

More important than the relative merits of nostrums such as these is the question whether the medical profession is going to help to perpetuate the chaotic conditions that the use of such nostrums fosters (*Jour. A. M. A.*, March 30, 1918, p. 949).

Compatibility of Phenolphthalein.—It is better not to combine several laxatives, but those who believe in doing this may combine phenolphthalein with drugs that can properly be prescribed in powders or pills as, for instance, calomel. Since phenolphthalein and calomel are both tasteless, they may be prescribed in powders or enclosed dry in capsule, cachet or wafer, the amount of each ingredient being estimated according to the susceptibility of each patient (*Jour. A. M. A.*, March 30, 1918, p. 950).

Barbital (Veronal) Classed as a Poison by England.—Because of frequent reports of accidents and habit formation, the Privy Council of Great Britain has classified as poisons "diethylbarbituric acid, and other alkyl, aryl, or metallic derivatives of barbituric acid, whether described as veronal, proponal, medinal, or by any other trade name, mark or designation; and all poisonous urethanes and ureides". As a result veronal will seldom be dispensed except on a physician's order, and that a record of such sales will be kept in the pharmacist's poison book. (The official name for diethylbarbituric acid of the British Pharmacopoeia is barbitone in the United States the official designation for this product is barbital). (*Jour. A. M. A.*, March 30, 1918, p. 953).

Misbranded Nostrum.—The following are some "patent medicines" which the federal authorities held to be sold under false claims: Ascatco, containing 13 per cent. alcohol and some opium.—Mexican Oil, containing over 57 per cent. alcohol, together with essential oils, glycerin, red pepper, emodin, menthol and a small amount of opium alkaloids.—Persil, containing 40 per cent. alcohol. Though claimed to contain, in addition, asparagus, parsley, celery, buchu, and juniper berries, it contained no appreciable quantities of celery, buchu, juniper, asparagus or parsley.—Dr. D. Kennedy's Favorite Remedy, containing 18 per cent. alcohol, nearly 50 per cent. sugar, and over 4 per cent. postassium acetate, with methyl salicy-

late, aloes, licorice and oil of sassafras.—Our Standard Remedy, tablets containing rhubarb, senna, scoparius, licorice, red pepper and some ammonia compound with indications of aloes.—Dr. King's Throat and Lung Balsam, claimed to relieve coughs and colds and consumptive patients in the last stages of the disease.—"White Pine Expectorant" and "White Pine Balsam" (Allan-Pfeiffer Chemical Co., a syrup containing alkaloid (probably morphin), chloroform, alcohol, benzoic acid and plant extract, but no extract of tar of white pine.—California Tuna Tonic Tablets, pills containing iron carbonate and a small quantity of nux vomica alkaloids (strychnin, etc.).—Alorine Antiseptic Suppository, containing quinin sulphate, boric acid and tannic acid.—St. Joseph's Quick Relief, containing 32 per cent. alcohol with Peru balsam, camphor and red pepper.—"Andrews' Wine of Life Root or Female Regulator", containing over 14 per cent. alcohol, sugar, methyl salicylate and tannin. "Andrews' Wine of Life Root Annex Powders", composed of sodium chloride and sodium bicarbonate, with a small amount of sodium carbonate.—Clark Stanley's Snake Oil Liniment, a light mineral oil mixed with about 1 per cent. of fatty oil, red pepper and possibly a trace of camphor and turpentine. *Jour. A. M. A.*, April 20, 1918, p. 1183).

Neurosine and the Original Package Evil.—Neurosine advertisements ask that only original bottles of Neurosine be dispensed when physicians prescribe the nostrum. The reason is obvious: the bottle has the name blown in the glass and thus is an invitation to the patient to purchase more on his own initiative and also to recommmend the preparation to his friends. The danger to the public from the self-administration of mixtures of bromides, such as Neurosine, is obvious. Neurosine is said to contain potassium bromide, sodium bromide, ammonium bromide, zinc bromide, extract of lupulin, fluid extract cascara sagrada, extract of henbane, extract of belladonna, extract of cannabis indica, oil of bitter almond and aromatic elixir. This chemical blunderbuss has been advertised for use in insomnia, hysteria, neuresthenia, migraine, etc., etc. It has also been recommended for children suffering from chorea. In all the years that Neurosine has been exploited to physicians with such remarkable claims, we have never seen a report of a careful clinical study in which the product has been used under the conditions which scientific investigation demands. (*Jour. A. M. A.*, April 27, 1918, p. 1251).

The Toxicity of Arsphenamin (Salvarsan).—James C. Sargent, Milwaukee, Wis. and J. D. Willis, Roanoke, Va., report untoward effects from the intravenous administration of American-made salvarsan (arsphenamin). Such experiences are not unusual, but should be reported. Untoward results followed the use of the German salvarsan. Such reactions may be due to faulty preparation, to deterioration of certain ampules of a batch, to iodiosyncrasy of the patient or to faulty technic or preparation or injection. There is no reason to believe that the arsphenamin made in this country is more toxic or less satisfactory than that formerly imported from abroad. (*Jour. A. M. A.*, April 27, 1918, p. 1254).

MAKE OUR SODA FOUNTAINS SAFE FOR THIRSTY HUMANITY, PLEA OF ICE CREAM "SLAVE"

You might, sir, entitle this epistle "The Confessions of an Ice Cream Soda Slave" or "The Curse of Newspaper Reading," or both. I am, or was, an ice cream soda slave. While my serfdom is a thing of the past, the craving is still as strong as ever, and the last few warm, luscious days of spring have been trying on the soul.

For years and years (how many I dare not say) I stepped up to the soda fountain and stood my ground with the best soda swiggler in the community. (Can anything be so satisfying as a chocolate ice cream soda on a blistering day?) I repeat, for years and years I was a slave to the habit. And nothing ever happened. Not even in the days when the more or less alert health departments did not require cream to be used in the manufacture of "ice cream" and a mere matter of artificial coloring only lent variety.

Last summer I swore off—I think that is the term, swore off. That is why I am writing this letter, following, after a fashion, the precepts of the psychoanalyst—you, Mr. Editor, being the psychoconfessor, if I may be pardoned for coining the term, while I, your correspondent, am the self-analyzed subject. I hope I make myself clear.

One noon last summer while eating my lunch preparatory to sallying forth to top it off with

a cool and bracing pineapple frappé, my eye rested on the page of the newspaper in which my repast had been wrapped. So does fate work. I brushed aside the bit of butter that had blotted out what seemed to be an interesting part of the article, and I read:—"An examination under the microscope of one carelessly washed soda water glass revealed in the thick coating which covered it both inside and outside more than 20,000 human cells and bits of skin. Clinging to a single one of these cells there were counted 150 germs. The total germ population of the glass was estimated at 3,000,000, representing a dozen serious diseases."

Well, it was rather perturbing, but out I went for my daily treat. I got as far as the counter, and there I stopped. And I stood there as long as I could, watching the shifting mob struggle to have the use of one of the free-for-all glasses in use. Wash the glasses? They received less than the so-called "lick and a promise." I wanted to shriek out and tell those innocent fools that their lips were associating with three million homeless germs, the forefathers of a dozen serious diseases.

I turned sadly away, and my happy nature became morbid. Life had lost one of its joys, and all because some sensational news gatherer had gotten a few scientific facts to show that the common soda water glass was a menace to health.

If this were so, if tuberculosis, diphtheria, whooping cough, even infantile paralysis, could be transmitted through the medium of the common soda water glass, why were they permitted to be used? Dr. Crumbine, of Kansas, who was the first health officer to take official action against the public drinking cup, began his crusade because a Kansas girl had contracted a disease through the use of a public drinking cup on a train. Yet there are more people using soda glasses in a day than would use a public drinking cup in months. And the opportunity for germs to cling to a sticky, sirupy glass are far greater than those afforded by a glass or cup in which water is used.

Could the health authorities be blind to this alarming situation, I wondered? Railroads had been forced to provide individual drinking cups on trains and in stations and nearly every State has legislated against the public drinking cup.

Why should not soda fountain proprietors, who served all who demanded service regardless of race, creed or state of health, be compelled to protect their customers? What had Dr. Crumbine, of Kansas, done? What action had the New York health authorities taken? What of other States? If this condition were not overdrawn why was not something done?

Something was done! And that something was done by Uncle Sam. The soda fountains in or near the training camps were put under strictest regulations, and strictest rules for sterilization of glasses were established, or, in lieu of sterilization, the provision of individual paper containers was made mandatory.

Now, sir, as I set forth in the beginning, you might have called this "The Confessions of an Ice Cream Soda Slave," I have purged my soul and feel better for it. It will not help me, I am afraid, to pass a soda fountain without a tremor, and it may cause some of your readers to feel as I do, which will be too bad in a way. Still there must be martyrs for any cause, and maybe we can borrow some wisdom from the barbarians of the West and make our soda fountains safe for thirsty humanity.—R. McN., in *The New York Herald.*

(*Continued from page* 157)

Certain changes were found advisable in the list of those invited to apply for commissions.

The name of Dr. M. P. Stanley of White River Junction was removed as the Committee believed he was more needed at home for the present. The name of Dr. J. F. O'Brien was substituted for that of Dr. G. G. Murray of Windham County

The names of Dr. E. M. Gardinier of Bennington and Dr. F. A. Walsh of Readsboro were added to Bennington County's call and those of Dr. R. W. Adams of Newport Center and Dr. G. F. Waldron of Derby Line to the Orleans County list.

As Dr. Hamilton, the Secretary of the Commission, has been commissioned in the Reserve Corps and is subject to call at any time, Dr. C. H. Beecher of Burlington was elected Secretary to assume the duties whenever Dr. Hamilton leaves.

Excerpts from Other Journals

EXTRA-CANTONMENT ZONE SANITATION

Both in the newspapers and medical journals frequent reference is being made to extra-cantonment zone sanitation, and thoughtful people are beginning to inquire upon the extent and limitations of sanitary work necessary to secure best results for the health of our Armies. At the beginning at Camp Taylor, the Jefferson County Board of Health, the State Board of Health, the National Red Cross and the U. S. Public Health Service started to sanitate the area within a mile from the limits of the camp, and, with the cooperation of the Louisville City Board of Health, all that section of the city where soldiers would be found. This work was started rather late last summer, but all the swamps were drained, ditches were rechanneled and cleaned, all standing water oiled at sufficiently necessary intervals to prevent mosquito breeding, Kentucky sanitary privies were built at practically every home, water supplies were investigated, and all the sick people in the areas were carefully studied with a view to the prevention of any disease originating from them. During the coming summer this area will be extended to five miles from the camp site, and as rapidly thereafter as possible to the remainder of Jefferson county.

The question immediately arises "Why should not all the state of Kentucky and the southern part of Indiana and Illinois be similarly and thoroughly sanitated?" Less than 2 per cent of the population of this area is in the Army; ninety-eight per cent of the people will stay at home. From these homes members of the family are constantly visiting their soldier boys in camp. Soldier boys on furlough are as constantly returning home. Some economists will immediately say that the states could not afford the expense, but the statistics of preventable diseases in all three of them show conclusively that health is cheaper than disease. Nothing is more nearly true than that each community must decide for itself whether it desires to purchase disease or health. Health costs less and the outlay for it can be measured directly in dollars and cents. Sickness and death cost more, even when measured by dollars and cents, and far more when the sorrow and distress involved are considered.

Another thought comes from the extra-cantonment area. We may call it the "extra-home area." It is important that people realize that after the home is made clean and kept clean, it is equally important that its environment receive similar and constant care. No family is safe as far as its health is concerned unless the area for a mile around it is properly cleaned up and kept clean. When everybody realizes that it will be easy to apply those lessons we have already learned about good health, and we can rapidly secure the cooperation of all our citizens.

The Journal suggests that in groups and gatherings where its readers are present, after important pending questions such as the settlement of the war and existing local and general political questions have been discussed and settled, that they talk with the people along these lines and in this way help to make a better Kentucky.

Book Reviews

A TREATISE ON CLINICAL MEDICINE

Second Edition, W. B. Saunders & Co., Philadelphia and London, 678 pages, cloth, $5.00 net.

The evident object of the work is to present to the general reader something on the multitude of subjects that the general practitioner must be more or less conversant with.

In this, the book is a marked success, as the field covered is exceptionally broad. The author touches the high spots all the way from "catching cold" to "the treatment of carcinoma and sarcoma."

His own personal experience at the bedside seems to be the basis of his opinions and conclusions, which are most logical.

While the space devoted to any one subject is necessarily limited in a work of this size, the material is good and the book is well worth while to the reader not in a position to own monographs on all these subjects. J. M. H.

(*Continued from page* 153)

tension, with the method demonstrated by Dr. Wheeler.

A letter from the State Secretary was read, in which he advised that some action be taken by the Society so as not to permit members of the Society in the U. S. Service to be dropped from the Society on account of non-payment of dues. He thought they would pay if notified. The records of the Society showed that about 50% had already paid.

Dr. Allen made a motion that the dues of all commissioned officers, members of the Society, who were in arrears since their commissions were accepted, should be paid by the Society. The motion was seconded by Dr. Tinkham, and it was so voted.

Dr. Pease reported a case who came into his office for treatment of a varicose ulcer, beside which there was bulging of the soft tissue. There was no fluctuation. The Doctor said he opened it with a knife, and as he did so blood flew across the room. Compression was made until bleeding stopped. It healed readily and gave no further trouble.

Members present were Doctors Wheeler, Jenne, Morrison, McSweeney, Allen, Pease, Tinkham, Wilder, E. T. Brown, T. S. Brown, McCambridge, Dalton, Clancy and Adams.

Visitors were Dr. Burdick, of Hinesburg, and members of the Senior class in Medicine.

The meeting adjourned 10:30.

Refreshments were served.

B. D. ADAMS, Sec'y.

1840

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1918

Vermont Medicine

The Official Organ of the Vermont State Medical Society

Vol. III, No. 7 $1.00 per Annum

Rutland, Vermont, July, 1918

Original Papers

INDIGESTION

By A. L. Patch, M. D., Windsor, Vt.

Read before the Vermont State Medical Society at its Annual Meeting, October 11, 1917.

This subject was suggested by the indefinite answer that I have received so often when I had asked the patient what had led him to consult me. This term has been used to describe the symptoms of pain of varying degrees of intensity and of a large variety of types yet all located in the upper abdomen or lower chest associated or not with nausea, vomiting, acid eructations, belching of gas and so forth.

Shortly after finishing my work as interne at the Rhode Island Hospital in Providence I came to Vermont to help Dr. L. T. Page of Wilmington. I had not been there very many days when I noted that there were more patients came complaining of indigestion than for any other cause. After a few months I went up into Somerset as physician to a Construction Camp and there among the rugged type of men that congregate at such works, this fact was just as striking as it had been in Wilmington. The past four years spent in Windsor have borne out the same feeling, that it is a common complaint and that this complaint covers a multitude of conditions.

It is not my purpose here to discuss at all thoroughly the symptom complexes of the surgical emergencies, conditions which have led me to a definite diagnosis or at least have declared definitely that a surgeon's assistance was needed in a hurry, as soon as a physical examination was made. We none of us have very great difficulty arriving at a diagnosis of an acute inflammatory condition in the right lower quadrant when we get abdominal pain general or localized, with or without nausea and vomiting, with or without chill, with or without diarrhoea or constipation, with or without prostration if this is accompanied by fever, localized tenderness and muscle rigidity defending the inflamed part from offense by the examining hand. As to whether it is appendix, tube and ovary (pus or ectopic pregnancy) a low lying kidney or stone in the ureter, intussusception, retroperitoneal glands, psoas abscess or something else, these can be differentiated by a more careful and thorough examination. Except in the case of a Dietl's crisis they are all surgical conditions and a surgical paper would present a better discussion of the details.

We have little difficulty arriving at a diagnosis when the symptoms and signs point definitely to the right upper quadrant, if on examination we can map out a tumor mass that we can demon-

strate is attached to the liver. This may be difficult to demonstrate but usually there are additional signs or hints in the examination of the urine that aid us in differentiating tumors in this locality. If there is evidence of peritoneal involvement in this section we very seldom have difficulty in recognizing that fact. The differential diagnosis we may have to leave to the surgeon and it would be better for a surgeon to give us a discussion of this subject.

We occasionally run up against a case showing epigastric pain, perhaps radiating to the flank, usually the right flank, in which nausea and vomiting are apt to be very prominent. In these cases we generally find something very definite on physical examination such as tenderness, muscle spasm or a mass located in the flank. There may be temperature elevation or not. It may be a surgical emergency such as a high retrocaecal appendix, an ovarian cyst with a twisted pedicle may rarely be found in this location, a paranephritic abscess or it may be a chylous mesenteric cyst. It may be due to a non-surgical condition as a pyelitis or a Dietl's crisis. Sometimes in these cases a diagnosis requires the most searching examination of the details such as can be had only at some center where the specialist has at hand the X-ray and the cystoscope.

When we consider conditions in the epigastrium evidenced by acute pain and tenderness, associated with evidence of peritoneal inflammation, we must make our diagnosis, ruling out an inflammatory process on the upper side of the diaphragm such as is so common with the early stage of a lobar pneumonia, and rely on the surgeon. If it is gastric ulcer with the peritoneal involvement it requires the surgeon. if it is duodenal ulcer it means the surgeon, if it is pancreatitis, subdiaphragmatic abscess, ruptured gall bladder, abscess of the lesser peritoneal cavity due to whatever cause, the condition of the patient usually makes it evident that the surgeon must act promptly and make his differential diagnosis after he has the belly cavity open.

Aside from these definite surgical emergencies, there are a considerable number of patients showing conditions causing a chain of symptoms pointing to the region of the stomach which the patient may be satisfied to call "Indigestion", and in which the physical examination may be negative and the cause of these symptoms overlooked if we do not keep in mind the great number of possible causes.

I have not accurate account of the number of those who have consulted me for such complaints but as I run down the line of patients it surely stands second only to the complaint of a "cold". Their frequency has set me to thinking and studying so that I may be able to give them the relief that they have sought. Some of these have been of the type that we find in every community, the type we call the "Rounder". They have tried the other doctors in the community and were now anxious to try the new doctor. As I have studied the problem I have become convinced that an accurate diagnosis cannot be made in all cases, but because we are in the practice of medicine and have assumed the responsibilities of the physician we are duty bound to consider carefully every possible cause for such a symptom complex.

The pathological conditions that may produce these symptoms of pain of varying degrees and types, nausea and vomiting, regurgitation, and the belching of

gas may be divided into four classes.

First—Conditions in the stomach or the intestines causing irritation.

Second—Conditions affecting the nervous system, either cerebrum or cord and acting through its reflex or referred effect on the sympathetic ganglia.

Third—Conditions affecting some other organ which is incapable of interpreting or locating painful sensations but connected through the sympathetic system with the stomach.

Fourth—Constitutional diseases.

In the first group we have to consider ingesta that are irritating if taken in large quantities at one time or in small quantities over an extended period of time, ulcerations, obstructions, dilatations, ptosis, hyperperistalsis and hyperacidity and hypersecretion, Hypoperistalsis and the conditions that are related to it such as new growths, gastritis, atony and so forth, adhesions in the peritoneal cavity and bands affecting the stomach, pylorus, duodenum, caecum, or elsewhere along the ileum or colon.

Among the things that are irritating we have to include minerals and their salts that are corrosive, acute invasions of bacteria and ptomains. We have to consider the effect of the indiscretions as to the amount in eating and drinking, the effect of common foods on some individual cases, the effect of extreme heat and fatigue and the ingesting of too large quantities of iced water or ice cream on the digestive secretions and motility. The effect of alcoholic beverages on some individuals under certain circumstances must be kept in mind as also the effect of wood alcohol as such or as it is found in the denatured alcohols that are so easily accessible.

In the second group we have to consider ingested or injected drugs such as muscarin, pilocarpin, apomorphin and the like. Toxins due to ptomains may act as a result of their effect on the bulbar centers. Such symptoms may be due to increased pressure on the cerebrum or cord as occurs with brain or cord tumor, concussion, hemorrhage, or meningeal inflammations. Anything which produces fainting, severe hemorrhage (external or internal) or shock may cause nausea and vomiting and be accompanied by pain in the abdomen. Refractory errors especially those due to astigmatism or labarynthine disease may be the cause. Caries in the spine in the cervical or upper thoracic region may cause irritation of the nerve root connections with the sympathetic ganglia. Low grade infectious processes causing an infiltration about the spinal nerve roots have been described and such a chain of symptoms ascribed to them. Tabes, owing to its inflammation of the posterior nerve roots, gives us the gastric crisis. Prolonged irritation of the sympathetic nervous system as produced by the constant more or less rapid rise and fall of the body as may occur on shipboard if the sea is rough may cause like symptoms. Some writers lay stress on the effect of masturbation and improper sexual intercourse as causes of disturbance of digestive functions. Hysteria of course may give us almost any chain of symptoms and occasionally we will meet the malingerer.

In the third class we may place some heart conditions, some lung conditions, some alterations in the circulation of the coeliac axis or aneurism of the abdominal aorta, also some conditions affecting the gall bladder and the pancreas. We can hardly include the new growths affecting these parts because such almost never cause symptoms until they have advanced far enough

to be classed under ulcerations or obstructions.

In the fourth class we must include the anaemias, nephritis acute and chronic, lead poisoning, antimony poisoning, and other occupational diseases. A new disease has recently been reported which occurs as a result of the chemicals used in the varnishing of aeroplanes.

The conditions affecting the digestive apparatus during pregnancy seem to operate under either the third or fourth classification or perhaps both.

Among all these there are three conditions which have occurred so often that I am going to make separate mention of them.

The first is a condition which I did not see during my medical school or hospital work but one which early in the first year of practice in the country took a very prominent place. At that time I was at work in the construction camp at Somerset. The first case that came to my attention was in a big burly Italian, a fellow who could speak English well enough so that from his history I made a diagnosis of acute appendix at once. My examination upset me. I could find no evidence of an inflamed peritoneum. Some of you may be able to sympathize with me in my predicament. There I was, a green horn out in a wilderness, with the nearest help 17 miles away. I examined that belly over and over again before I decided that it was safe to give a castor-oil high-ball. Everything seemed to be right for surgical condition, history, temperature, white count and all except the feel of the belly. About that time several cases developed in the same bunk-house and within a few days we had scores of cases occurring in our camp and all over the surrounding country. The symptoms were nausea and vomiting, pain in the abdomen either general or about the umbilicus, prostration. The temperature was elevated to from 100° to 103°, the white count varied from 9000 to 24,000. The crampy pains were usually late in appearing but subsided within a few hours after the castor oil was administered.

In only one case out of about 150 that occurred during that epidemic did I find any sign of an inflamed peritoneum, and that quieted down and cleared up completely in about two days with rest in bed and an ice cap applied. We sought everywhere to locate the cause and the method of spread of the epidemic but were able to rule out water supply and food supply because the cases were distributed over several water supplies and on three distinctly different water sheds, the milk supplies were different and the meat supplies were from different sources. The cases had nothing more in common than we find in any epidemic of measles and tonsilitis. Since I have been in Windsor we have had each year the same sort of thing but of lesser magnitude. So far as I have seen I have met with only one complication. That was in the case of a tailor who developed about two weeks after his attack an acute gallbladder. At the time of the first upset there was no evidence of infection of the gall bladder but latter it was unmistakable.

The second condition is illustrated by two types of cases. The first of these appearing as an indigestion in an elderly person, a woman aged 78. The story she told was clear enough. Certain foods that are ordinarily quite all right seemed to hurt her. I changed her diet laying down a perfectly good list for her to follow. It availed nothing. Then I resorted to an alkali and it did not relieve her. More thorough examination including her cardio-vascular system

showed that there was a systolic murmur heard best over the arch of the aorta and the vessels of the neck which suggested sclerosis of the aortic valves and the accompanying coronary sclerosis. Following the suggestion I gave her nitroglycerin in 1-100 gr. doses. The result was interesting because this patient now gets along quite free from the indigestion if she has the little nitroglycerin tablet to take when the distress begins. The other type of this condition is the acute type. We have all seen and read of them. They complain of a pain in the epigastrium or substernal region. The pain may be a distress or an oppression, it may be severe and accompanied by air hunger or a terrible anguish. The pain may radiate to the neck or axilla or down the arm. Physical examination of the abdomen shows nothing to explain the terrible plight of the patient. Percussion may show a little gas in the stomach or colon but not enough to account for what we see. Some of these die on our hands and because it has often happened after a good meal we call it acute indigestion. If we go more carefully into the examination of the heart and the blood vessels we will change our diagnosis. The blood pressure is almost invariably up. The pulse wave is low. The difference between systolic and diastolic pressure is less than normal. Nitroglycerin or some other other nitrate gives quick relief in most cases. These cases come in a class by themselves and should be discussed in connection with other heart conditions. Elsner has stated that "Acute indigestion does not kill a man who has a normal heart."

The third variety is made up of the greater number of all those who complain of indigestion. The average story of the man who comes to you is of a distress or a pressure in the stomach and the feeling of being "all in" which comes on and increases as the distress increases. The feeling leaves after eating something only to return within an hour or two. After eating, the patient states, he feels sleepy and his head muddled. The man whose work requires that he be on his feet has to sit down. The man who sits feels faint or dizzy. They have all tried cooking soda only to find that it relieves for a little. They are not satisfied with the result. They feel nauseated after the stomach has been empty for a while but seldom vomit except by inducement. Many are constipated or loose by spells. They complain of "bloating". Some complain of acid eructations. I have in mind one salesman who drives a Ford up through our country who has had headache, dizziness and even fainting spells as concomitant disturbances. Physical examination in these cases after a meal, has been very unsatisfactory except that there is some satisfaction in finding nothing wrong. Our physical examination should be made to rule out all disturbances of the blood and vascular apparatus, all toxaemias of bacterial, chemical or metabolic origin; also those conditions caused by a functional or organic disturbance of the innervation of the upper abdominal viscera. We may find that the patient has been under nervous strain of one sort or another or we may find that at the bottom of their trouble there is fear or anger or jealousy.

Examination of the fasting stomach and the contents removed after the test meal have not been any particular help. This may be due to faults of the technician but I have reason to believe that men who are doing that work on a large scale often find the same results. The acid might be up or down from the normal. The amount of return after the

test meal might be up or down. I have in mind one case concerning whom I was very anxious, who went to Boston four years ago this summer and went through the most searching examination after much suffering from such a chain of symptoms. Finally on the strength of the results of the tests the physicians making the examination, on the strength of the low acid test, recommended that the patient undergo an exploratory operation. This the patient declined, returned home and by following out the dietary regime which they gave him as another alternative he has lived along quite comfortably, maintained his weight and appearance of well being. Occasionally if he relaxes from the diet as laid down he suffers again until he returns to the rigid diet used in the early treatment of these cases.

We cannot induce all patients suffering from such complaints to undergo the tests. We have not the equipment to test the motility after the bismuth meal. We have to do some of our work somewhat blindly. I have come to a place where I am willing to try what I term a physiological test on each of these if the individual is willing to be patient long enough. The tests to which I refer are really only two and very simple.

First I satisfy myself as to the nature of the patient's habit in diet. I question carefully in some cases and in others I accuse. I want to find out as to their fondness for sweets and I don't care whether it is as candy, as griddle cakes and syrup, as cake or as too much sugar in their coffee. Next I want to learn as to their fondness for foods that are fatty and as to foods cooked in fat. These include doughnuts, fried eggs, baked beans, roast pork, fresh salmon, mackerel or bluefish. Next I inquire as to condiments and last but not least as to the amount of salt that they use. Whatever the answer I put the patient onto a strict gastric ulcer diet for a day and then rapidly raise the diet to a good substantial diet omitting sweets, greasy foods, condiments and salt. Usually I have the patient use a saline laxative each day for a few days or until there is no more complaint of "bloating." If this does not relieve alone I may use an alkali of some sort, either soda bicarb or magnesium carbonate or calcium carbonate. If these do not relieve what shall I do? If they do relieve have I made a diagnosis?

I do not plan to lose track of my patient. After having given him directions as to his diet as outlined above, I send him on his way with the request that he report in a week or ten days. If he has a condition that this method does not relieve I must not allow him to suffer as a result of my inability to make a diagnosis. I must have the help of the man who has every facility for making a complete examination and the exploratory operation if that is necessary.

Deaver has stated that it is particularly noteworthy that there is no essential difference in the upper abdominal symptoms as produced by non-surgical or systemic causes, from those due to surgical diseases of the organs in this locality. In typical cases in both groups there may be additional signs, characteristic mode of appearance, etiological hints, or something that makes us all but certain of our diagnosis but in a far larger number of cases in both groups the symptoms are not characteristic, signs are few or entirely lacking and no man can be even approximately sure of the exact condition. Because of these we are cautious in our treatment of patients complaining of "Indigestion". We are anxious not to overlook surgical

conditions but we do not wish to put a medical patient through a surgical operation.

The questions that always come up to my mind as I am handling such a case are how do you know that fellow did not have a duodenal ulcer? There is not the characteristic tenderness spoken of but is this always present in duodenal ulcer? There is no sign of blood, but every duodenal ulcer case does not show blood even close up to the time that he meets with disaster. How do you know that you are not making the patient lose his last chance to be saved from gastric cancer?

The conclusions that I have reached as a result of my dealing with such cases are that the varieties of causes of upper abdominal symptoms are so numerous that it is hard to keep in touch with them all in a cursory examination. The signs are non-characteristic in a sufficient number of cases to make us feel that we must be on our guard at all times, and that nothing must be left undone in our attempt to run down the cause of the symptoms in the particular individual before us. And even then we are bound to make mistakes or remain uncertain enough so that an exploratory operation may be insisted upon in order to obtain the final evidence necessary.

The three types of cases which I have treated in more detail have been the most common of the types that I have met when called upon to treat indigestion.

Bibliography:—Diagnostics of Internal Medicine, Butler; Monographic Medicine, Elsner; Therapeusis of Internal Diseases, Forchheimer; Diseases of the Stomach, Boas (Bernheim), Charlotte Medical Journal (N. C.); J. B. Deaver, Oct. 1915; Boston Medical and Surgical Journal, Wm. F. Boos, M. D., Oct. 4th, 1917; Boston Medical and Surgical Journal, Harold D. Wright, M. D., Aug. 30th, 1917.

THE SOLDIER'S CHANCES

Great as the danger and large as the losses in the aggregate, the individual soldier has plenty of chances of coming out of the war unscathed, or at least not badly injured.

Based on the mortality statistics of the allied armies, a soldier's chances are as follows:

Twenty-nine chances of coming home to one chance of being killed.

Forty-nine chances of recovering from wounds to one chance of dying from them.

One chance in 500 of losing a limb.

Will live five years longer because of physical training, is freer from disease in the Army than in civil life, and has better medical care at the front than at home.

In other wars from 10 to 15 men died from disease to 1 from bullets; in this war 1 man dies from disease to every 10 from bullets.

For those of our fighting men who do not escape scatheless, the Government under the soldier and sailor insurance law gives protection to the wounded and their dependents and to the families and dependents of those who make the supreme sacrifice for their country.

GOING FOR MORE.

Soph—What's all the hurry, Frosh?

Frosh—Our chemistry professor is overcome with gas.

Soph—Going for a doctor?

Frosh—No, more gas.—*Burr.*

Vermont Medicine

The Official Organ of the Vermont State Medical Society
Conducted by the Publication Committee

William Gray Ricker, M.D., St. Johnsbury, Chairman.
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All business communications, including subscriptions, are to be addressed to Dr. Ball, other communications are to be sent to Dr. Chisholm.

The Committee assumes responsibility for the opinions expressed in the Editorial columns alone.

Editorials

In the present issue of Vermont Medicine the name of Dr. J. M. Hamilton no longer appears as the Acting Business Manager. He is now enrolled on the Honor List, a place which he always merited, which he long strove for and which he has at last attained. Without enumerating the various professional activities in the State of Vermont which have profited by his energy and enthusiam, it is fitting that at this time we record the fact that to him alone is due whatever success has attended the publication of Vermont Medicine. As he enters on the responsibilities of his new work we join our voice to the voices of his other friends in a hearty God speed!

The relation of the supply of food to the operations of war in Europe are placed in a new and convincing light in an address of Mr. Herbert Hoover in *American Medicine* for June. Our responsibilities are seen to be more urgent when the questions of transportation are considered in connection with the food supply, the proximity of America to the battle front being an additional reason for our realizing our greater opportunities for effectual aid. To be effectual it is necessary that it be timely and continuous. It is a curious commentary on the U-boat boast that the safest ocean-area today is the direct transportation zone from American and Canadian ports to the coast of France. No other sea-routes are so well protected as this, the most vital of all and the one which it is especially Germany's interest to render hazardous. In addition to this fact the question of distance is an important element.

"Every 5,000 tons of food to the Allies," says Mr. Hoover, "require 15,000 tons of shipping from Australia, 10,000 tons from the Argentine and 5,000 tons from North America. Every steamer we can save from those long journeys means an additional shipload of soldiers and munitions to France. If the Allies were compelled to go to these remote markets for their whole food supply today it would require over 2,500,000 tons more shipping than at present in use for this purpose. If North America could next year provide the whole of Allied

necessities, we could save 1,500,000 tons of shipping. Every ship we save is a ship built. The weight of our blow against the Germans will be increased not alone by the ships we build but by the ships we save." "If the Allies were forced to rely wholly upon the remote markets for their food, we would have no soldiers in France today."

We have always regarded the Starvation cry that has been coming from Germany for over three years, as a part of the Teutonic offensive, but whether that opinion be true or not there is no doubt that the German soldiers, and especially those within the immediate area of military operations, have been amply supplied with necessary food. Throughout their home-land there has certainly been more or less deprivation, but that is true of all the belligerent nations and immeasurably truer of all whom Germany has so far subjugated. Of deprivation, properly speaking, we have had no experience. Our crops this year are the largest, except one, in our history, and should guarantee sufficient food for our Western Allies for the coming year, provided we practice adequate economy.

We are glad to be able to announce that Dr. Clarence F. Ball has consented to assume the post of Managing Editor of VERMONT MEDICINE for the remainder of this year, at the suggestion of Dr. Hamilton and by the invitation of the Publication Committee. Dr. Ball has been unofficially connected with VERMONT MEDICINE as a collaborator from the beginning of the journal and we are fortunate in securing his services in an official relation.

One of the arguments most frequently urged by the Saloon Keepers' League and similar organizations against the passage of a national law for prohibition is that such legislation would throw out of employment a multitude of men who at present are occupied in the sale of intoxicants. It is equally true that if all the gentlemen who are now engaged in the delicate art of burgling, should be enlisted, formed into cohorts, drilled to the limit and sent to fight the Horrible Hun, there would be a deplorable lack of those active and enterprising spirits who have acquired by their exertions the title, given them by the criminal courts, of second story men. Of course the truth is that in the case of the sellers of whisky, the labor released by prohibition could easily be directed to more honorable labor and what the Saloon Keepers' League regards as an objection becomes an immense advantage both to themselves and to society.

THE SPANISH EPIDEMIC

The latest reports by Dr. Pittaluga of Madrid give us at last some light upon the character of the epidemic that for the past month has held sway in Spain. Pittaluga describes the sudden onset, attended with headache, rapid fever, muscular pains, sore throat and prostration. After 48-60 hours the fever departs after profuse sweating, and recovery in the great percentage of cases is attended with rather a protracted convalescence. These symptoms are typical of an infection, and their character indicates an invasion of the influenza bacillus. In Madrid 100,000 cases have caused over 700 deaths. It is proper to say that the bacillus of influenza has not been found prevalent in cases of the disease examined and it may be that some other cause of the infection will be later discovered.

Current Comment

THE HEN AND HER IMITATORS

Probably few foods are so widely used, so greatly relished or so much to be depended on as are eggs. The canny Scot may always be trusted as a judge of values, and the story is told of the Highlander and the Tommy who, on duty in France, captured a hen. The Tommy was anxious to kill it at once and eat it, but the Highlander said: "No. Let us keep her until tomorrow. She might lay an egg." Certain thrifty manufacturers, realizing the great demand for this food product and the rapidly increasing price, have placed on the market so-called substitutes. At least fifty such products are already available. At the request of the Pennsylvania State Department of Agriculture, Prof. C. H. Lawall[1] investigated more than forty of these substitutes. In the introduction to his report he says:

> One of the most reprehensible ways of making money is to take some common, everyday substance, disguise or alter its appearance in some way, make a lot of exaggerated statements regarding it, and then sell it for about ten or fifteen times its market value, extolling is as an economical substitute for some expensive article. There has been no preparation of this class, within recent years, that has sprung into prominence with such rapidity as the so-called egg substitutes and with so little merit or legitimate warrant for their manufacture and sale.

The specimens exhibited resemble the "patent medicine" in many ways besides the method of promotion. It must be evident to any one that from 2 to 4 ounces of a yellow powder cannot possibly represent the nutritive value of two or three dozen eggs, and yet this is one of the mildest claims made by most of these exploiters. There is no question that these substitutes, rather than furthering economy, really add to the high cost of living. Practically every one of them has been found to be chiefly cornstarch colored with coal tar. The protein content varies from 0.7 to 35 per cent. Commercially dried egg, which is a legitimate market product, contains about 45 per cent. of protein. An egg of average size has a nutritive value of 75 calories; three dozen eggs would have a total food value of 2,700 calories. The nutritive value of almost any of the substitutes is about 100 calories an ounce, so that the largest of any of the packages would have a nutritive value of less than one-sixth the number of eggs it claims to replace. In other words, the purchaser replaces an article of diet with a product costing one third as much, but having from one sixth to one eighth of the food value. Moreover, the substitute is colored with an artificial coal tar dye, the purpose being deceptive. The names of the product in every case are chosen to attract the purchaser. They range from simple Egg-O to Egg-Less, Eggnit, Sa-Van-Egg and the less grammatical Sava-egg to the Miracle Egg Dispenser, Near-Egg and the miserable pun, Ecc-Kon-O-My. Lawall's conclusions are worthy of our reprinting in toto:

> First. The brightest light of publicity should be shed on these products, and the heaviest weights of official authority should be invoked to discourage their manufacture and sale.
>
> Second. They afford an opportunity for unpatriotic profiteering, combined with the development of the art of camouflage to the point of perfection.
>
> Third. Their names are deceptive; their composition in no wise resembles that of egg; the presence of color, in those where it is used, is a fraud, and the claims as to replacing

value are either deliberate misstatements or ambiguous phrases.

Finally. Egg substitutes serve no purpose that cannot be served just as satisfactorily and much more cheaply by articles in daily use in every household.

The food commissioner of Pennsylvania, concurring in the statements of Professor Lawall, states that these substitutes are in violation of the general food act of that state, and if found for sale in the state of Pennsylvania, they will be dealt with accordingly.

—*J. A. M. A.*

1. Lawall, Charles H., and Foust, James: Egg Substitutes and So-Called Egg Savers, Bull. Penn. Dept. of Agriculture, 1918, 1, No. 7.

MINUTES OF THE MEETING OF THE RUTLAND COUNTY MEDICAL AND SURGICAL SOCIETY, RUTLAND HOSPITAL, JULY 9, 1918.

After the reading of the reports of the Secretary and Treasurer the first business of the society was the appointing of a nominating committee which brought in the following report:

President—Ray Ernest Smith, France.

Vice-President and President Pro-Tem—George D. Parkhurst, Fair Haven.

Secretary-Treasurer—Frederick H. Gebhardt, Newport, R. I.; Secretary-Treasurer Pro-Tem, Walter G. Hodsdon, Rutland.

Auditor—H. L. Manchester, Pawlet.

Censors—H. H. Seeley, Castleton; H. S. Martyn, Cuttingsville; J. S. Eastwood, Brandon.

Delegates (Hold over)—R. H. Seeley, Castleton; J. M. Hamilton, Rutland; C. E. Griffin, Fair Haven. Two Years: O. C. Baker, Brandon; C. F. Ball, Rutland; J. J. Derven, Poultney. Alternates: C. A. Gale, Rutland; C. S. Caverly, Rutland; O. F. Clough, Poultney; W. H. Grinnell, Danby; H. L. Manchester, Pawlet; H. H. Swift, Pittsford.

Following the report of the Nominating Committee the Secretary was instructed to cast a ballot for all officers as nominated.

The Vice-President's address was read during the time the Nominating Committee was out. Dr. Parkhurst's paper dealt with facts relating to a closer cooperation between the physicians of the smaller towns and nearby hospitals, also with the relation of the physicians to the Employees' Compensation Act. Many valuable suggestions were made regarding those matters of especial interest to physicians.

Following Dr. Parkhurst's Vice-president's address the paper of the afternoon was delivered by Prof. John Brooks Wheeler of Burlington. Dr. Wheeler gave a very practical talk, with demonstrations as to the important improvements in the surgery of fractures, especially emphasizing the fact that the war has developed the practical value of the Suspension-Extension Splint.

The Society voted Dr. Wheeler a vote of thanks and made him an honorary member of the Society. Many of the men who had studied under Dr. Wheeler expressed their warmest appreciation of his influence upon their professional career.

AARLAUG UNNEBERG,
Acting Sec. and Treas.

RAILWAY SURGEONS TO MEET

The twenty-eighth annual session of the New York and New England Association of Railway Surgeons will be held at the Hotel McAlpin, New York City, on October 21st. A symposium will be presented on the "Modern Treatment of Infected Wounds". Dr. J. S. Hill, President, Bellows Falls, Vt.; Dr. Geo. Chaffee, Corresponding Secretary, Little Meadows, Pa.

The War

July 12, 1918

Released on Receipt

Dr. Franklin Martin, Member of the Advisory Commission of the Council of National Defense and Chairman of the Council's General Medical Board, authorizes the following:

After a tour of many American cities, which enabled them to meet and address representative groups of American physicians and surgeons, Sir James Mackenzie, noted heart specialist of Edinburgh and London; Colonel Sir William Arbuthnot Lane, veteran surgeon of the Zulu, Egyptian and Boer wars, and authority on bone surgery, and Colonel Herbert Alexander Bruce, of Toronto, now consulting surgeon to the British armies in France, comprising the medical mission sent by the British Government to this country have returned to Great Britain.

"In the travels of our mission through America, we have been to many centers of war activity here," said Colonel Bruce, "and we will have a great deal to say when we get home about the marvelous and effective program which you are carrying out on so colossal a scale. I want to say that it has heartened us very much, and that we know it will hearten the people at home when we report there."

The visitors first came to Washington to pay their respects to Surgeon General Gorgas. Thence they departed for Cincinnati to attend the annual meeting of the American Surgical Association. At a special patriotic session in the Hughes High School, Cincinnati, June 6, under the auspices of the Ohio State Committee, Medical Section, Council of National Defense, Colonel Bruce described the British system of caring for the wounded. He stated that the British have forty hospital trains in France fully equipped with doctors and nurses, each train having a capacity of 600 beds—the whole constituting a mobile hospital of 24,000 bed capacity. He paid tribute to the heroism of the field hospital service and to the American surgeons and physicians in that service.

Sir Arbuthnot Lane told of the treatment of thousands of soldiers wounded in the face, some with jaws gone, others with cheeks or noses shot away. Colonel Lane is consulting surgeon at the Queen's Hospital at Sidcup, where this facial reconstruction or plastic surgery is the special work. "The man who loses an arm, a leg, or is injured in the body, can go back to the bosom of his family, but the man whose face is distorted, no matter how much his family may love and cherish him, suffers most," said Sir Arbuthnot. "So I began to isolate these cases, beginning with five doctors. This start has developed into a magnificent hospital with 750 men, and we are literally making new faces. We have enlisted the services of the best dentists, sculptors, wax workers, and surgeons, and developed specialists in transferring bones from other parts of the body to the face. If you could see how happy these men are, it would be a lasting satisfaction to know their gratitude."

Sir James Mackenzie told of some of the heart cases referred to him. "Instances of 'irritable heart', he said, "are due to general weakening of the body through illness in the trenches." Outdoor exercise and sports are curative agencies, he said.

Sir James, in speaking of the examination of recruits, said "The tests of a

man's fitness as a soldier should depend upon what he has been doing and what he is able to do. A young fellow was sent to me because his heart was supposed to be bad. I asked him what he had been before he entered the service. He said he had been butcher. I asked him if he had been able to carry the carcass of a sheep upstairs and whether such work had been a regular part of his duties. He said that he had been accustomed to doing exactly that, and frequently, and without physical discomfort; I said; 'I do not need to examine your heart. If you can do work like that you are certainly fit.' Too many men are rejected because of alleged defects which are more apparent than real.''

It was after this meeting that Colonel Lane asked why women are not eligible to the Medical Reserve Corps. He said that he had been instrumental in having them admitted to the Medical Service in Great Britain.

The noted British surgeons were guests at the monthly meeting of the General Medical Board of the Council of National Defense and at the meeting of the State and County Committees of the Medical Section of the Council, held Sunday, June 9, in Chicago. At this time Colonel Bruce took special pains to speak of the work of American surgeons many of whom are members of the General Medical Board who are doing most important work at the front—Drs. Frederic A. Besley, George W. Crile, J. M. T. Finney, Charles H. Peck, William S. Thayer, Harvey Cushing, George E. Brewer, Richard H. H. Harte and others. ''These men went over as medical men —and stayed as soldiers, for they operate at the front lines amid bursting shells and are continually under fire. While I was in France before leaving to come here on this mission, Sir Arthur Sloggett of the British Medical Service sent for me and said he wished me to take a message to America. This is what he said: 'I appreciate the very excellent work which American doctors and American nurses are doing in the British service.' He said they had been a very great help and an inspiration to the service. In fact, they will never forget the American doctors and nurses. He recommended a large number of your medical officers at the front for the same honors that he had recommended for those in his own service, but owing to the regulation of your Government they were not able to accept. On a recent trip to the front, I met also a number of your soldiers, who gave one the opinion when one looked in their faces that nothing would stop them, and you know what they did when they first encountered the Hun quite recently. I don't think you need to worry about the enemy getting a few feet of territory. One or the other side can get some ground if they pay a sufficient price for it, and during the offensive of the 21st of March, and subsequent dates, the Hun paid a very large price for the territory which he took. Even if we should be driven to the sea, and if we have to take to the boats and go to England, this battle is not over. 'We will make it so that ships sailing through the Irish sea sail a sea boiling with submarines,' said one of the German leaders in February, 1917. To which England replied: 'Make it boil like the caldrons of hell, and we will sail just the same.' We of Canada and you of the United States are of the same race and blood. Now that we are comrades in arms, we have a still further bond uniting us. I have difficulty in appreciating the difference between Canada and America. I can tell you

the difference between England and America. England says: 'As it was in the beginning, is now, and ever shall be. Amen.' America says: 'As it was in the beginning, is now, and by gosh there's got to be a change.' That spirit now represents the opinion of England as well as that of our allied nations.

"The German chancellor when America entered this war very sneeringly remarked that the weight you would throw into the scale would not be greater than that of a straw. To this Mr. Punch replied that he quite agreed with the statement of the German chancellor, but he would like to point out and make the prediction that it would be the last straw which would break the camel's back."

Sir James Mackenzie praised highly the classification of American surgeons as reported by Dr. William J. Mayo for the Committee on Surgery of the General Medical Board. The class indexing and coding of the more than 20,000 American physicians was termed ideal by Sir James, who said that the United States is avoiding the mistakes made by England. "England," he said, "was precluded from such a systematic course by the suddenness with which the war came."

Colonel Lane told of the enormous help given by American surgeons who came over long before America's entry into the war, saying that he had been asked to speak about the difficulty of getting medical men for the military service.

He said: "The difficulty with us has been to keep them out. I do not suppose you are any different from our men. I have always understood that the medical people in America were the keenest people in the world. Our people have gone without a word. They gave up their practices, their futures, their wives and their children. They did not ask: 'How much are we going to be paid?' or 'What is going to become of our families?' they came at once to the aid of their country. I do not think you will have to ask the medical men to come. I think the difficulty, my friends, will be keeping them away."

After their attendance upon the sessions of the American Medical Association convention, the visitors made a trip to Rochester, Minnesota, as guests of the Mayo brothers. In Boston, on June 19, the visitors spoke at sessions of the Massachusetts Medical Society in the Boston Medical Library. After this, came visits to Detroit, Cleveland, Pittsburgh, Philadelphia, and New York City, accompanied by Dr. Franklin Martin, Member of the Advisory Commission of the Council of National Defense and Chairman of the General Medical Board, and Major Henry D. Jump of the General Medical Board, arrangements being made in advance for them to speak at meetings held under the joint auspices of the State Committees, Medical Section, Council of National Defense and the local medical societies. Upon all these occasions the visitors urged the need of physicians at the front, and warmly seconded the efforts of the State Committees, and of Dr. Martin and Major Jump, in appealing to the doctors to enroll in the Medical Reserve Corps, Naval Reserve Force and Volunteer Medical Service Corps.

In Detroit on June 21, the visitors were shown about the city and visited the Packard and Ford plants. In the evening at a big meeting in the new Elks Temple Auditorium, Colonel Bruce spoke of the work of Detroit surgeons at the front, including Drs. Angus McLean, Burt R. Shurly, Theodore A. McGraw, Harry N. Torrey, William A. Spitzley, Frank B. Walker, Louis J. Hirschman,

Ernest K. Cullen, and also Dr. John R. Sherrick, a Michigan physician who has been awarded the military cross for gallantry.

Colonel Bruce frankly criticised Americans for eating too freely, saying that the menu cards in hotels and restaurants astonish foreigners. He urged that white flour and meat be conserved to a greater extent, and that the use of motor cars for pleasure be cut down.

Colonel Lane urged that instead of being lulled into security by the apparent success of war-winning work, America should forge ahead to greater efforts.

From Detroit the party went to Cleveland by boat. After a dinner at the Union Club, there was a largely attended meeting at the Chamber of Commerce, over which Dr. C. A. Hamann presided. In addition to the talks by the visitors, Dr. William E. Lower of Cleveland, who recently returned after a year's service with the Lakeside Unit at the front, also spoke.

Thence to Pittsburg, where Dr. J. J. Buchanan, Chairman of the State Committee, Medical Section, Council of National Defense, and his coadjutors, had made such preparations for the meeting that two thousand persons thronged Carnegie Music Hall for the meeting Sunday night, June 23.

"When I left England I felt certain that we should win the war sometime", said Colonel Lane. "Since I have been in this country I have become more certain, and I have come to believe that we shall win it soon." Colonel Lane spoke with enthusiasm of the shipbuilding activities he had seen on this side. He regarded as equally efficient the medical organization work in Washington under Surgeon General Gorgas and Dr. Franklin Martin. "You can make a soldier in four months for the sea, earth, or air," he said, "but it takes seven years to make a doctor, and after we get him he must learn his job. It makes a vast difference in the work of a hospital whether or not it is organized for efficiency, and this depends largely upon the fitness of the physicians for their particular work."

Colonel Bruce said that the work of the medical men in the armies had stamped out typhus and typhoid fever, there being when he left France only twenty-seven cases of typhoid fever in an army of two million men. He told of an experience he had had in a hospital bombed by the Germans, adding that sixteen wounded German prisoners had been killed by one of the bombs dropped.

In Philadelphia, the visitors were the guests not only of the physicians, but of the city as well. Forty prominent men, including city officials and leaders in various activities, attended the dinner in their honor at the Bellevue-Stratford Monday night, June 24. During the day the visitors had been taken to Cramp's Shipyards, the plant of the International Shipbuilding Corporation at Hog Island, and the Eddystone plant of the Remington Arms Company. The meeting at 9 o'clock in the Bellevue-Stratford ballroom was presided over by Dr. Edward Martin of Philadelphia. Colonel Lane said: "When America sent Dr. Alexis Carrel to Europe, she did more than if she had sent ammunition, guns, and food. His discovery has worked miracles among the wounded of the Allies." Colonel Lane also praised highly the other doctors and nurses from the United States.

Sir James Mackenzie asserted that England is not in danger of starvation. "Nor are there any signs of famine at present," he said. "Up to the last har-

vest, food was scarce, and we had a hard time to get the staples of life, especially cheese and potatoes. Now things are running smoothly." Sir James urged that efforts be made to counteract German propaganda in Russia.

Colonel Bruce asserted that the imaginary boundary line between Canada and the United States had been wiped out, and that the present war has cemented the relations between the countries. Speaking of England's independence of Germany, he said: "We make our own dyes, and we do not bother or even give a thought about the supply of German potash. Five thousand ships enter and leave British ports each week. We have loaned 600 ships to France and 400 to Italy. Before the war less than 200,000 women were engaged in work; now the number exceeds one million, in more than 400 branches of munitions manufacture. Social distinctions have been leveled in the utter democracy of overalls and caps."

On the eve of their departure, the distinguished visitors were entertained at a dinner given them by the New York doctors at the Metropolitan Club.

SOLDIER INSURANCE

Secretary McAdoo has called upon all local draft boards to acquaint drafted men with the provisions of the soldier-insurance law and to urge every drafted man to take out this insurance. The boards have been furnished with literature to aid them in this educational work.

The law affording insurance to our fighting forces has well been called the most just and humane provision ever made by a nation for its soldiers and sailors. The Government and the American people recognize the justice of affording this protection to the men who risk their lives for their country and to their families and dependents at home. It is only just to themselves and to their families and dependents that our fighting men avail themselves of this opportunity.

Every American enlisting should take out this insurance and carry with him into danger the heartening knowledge that whatever happens, himself and his dependents are protected by his Government.

The Surgeon General's Office has started a series of lectures on health subjects for the instruction of the civilian employees of the War Department. Talks are held in the auditorium of the new building of the Department of the Interior, on Thursday of each week at 4:45 p. m.

The first talk of the series, held on April 25th was delivered by Major William J. Mayo of the Surgeon General's office and was on the subject of cancer. The auditorium was packed and many people were obliged to stand in order to hear the lecture.

DR. HANSON PROMOTED

Dr. H. B. Hanson, son of Dr. L. W. Hanson, of Montpelier, has been promoted. Dr. Hanson is now Captain and Adjutant of the Field Hospital Battallion stationed at Camp Grant, Rockford, Ill.

SAYS UNCLE EBEN

(*From Judge*)

"Foh de life o' me, I can't see no hardship in food regulations dat put it up to folks to eat mostly corn bread an' chicken."

Honor Roll of Vermont Physicians in the Service of their Country.

DIED IN SERVICE

1ST LIEUT. JOHN C. MURPHY, BURLINGTON.

Majors

Harry Leslie Frost, Williston, Orthopedic Surgeon, Camp Devens.

Thos. J. Hagan, M. C., Pittsford, N. G. A., 57th Pioneer Rgt., Spartanburg, S. C.

Horatio Nelson Jackson, Burlington, Senior Instructor, Medical Officers' Class, Camp Mead.

Wm. Hayes Mitchell, Shelburne, in France.

William Stickney, Rutland, in France.

Harry T. Summersgill, Bennington, Fort Oglethorpe, for instruction.

Edward A. Tobin, Bennington, Camp MacArthur, Waco, Texas.

Wm. Warren Townsend, Rutland, Duty, Hoboken, N. J.

Captains

Frank C. Angell, Randolph, in France.

Geo. Lucien Bates, Morrisville, Camp Dodge.

Nathan Renwick Caldwell, Groton, Fort Oglethorpe.

Thomas Stephen Brown, Burlington, inactive list.

Geo. E. Chamberlain, So. Newbury, Vt., physically disabled.

Nicholas James Delehanty, Rutland, Indianapolis, Ind.

Frederick Elsworth Clark, Burlington, Hoboken, N. J.

Alan D. Finlayson, Burlington, Camp Joseph E. Johnston.

Frank Leslie Gilbert, Grafton, in France.

Stewart L. Goodrich, Waterbury, Camp Dix, Wrightstown, N. J.

James Madison Hamilton, Rutland, Fort Williams, Me.

Herbert Bill Hanson, Montpelier, Camp Grant, Rockford, Ill.

Warren J. Howard, Waitsfield, Fort Oglethorpe.

Henry Chester Jackson, Woodstock, Fort Riley.

Arthur Leo Larner, Burlington, San Antonio, Texas.

Charles Emerson Libbey, Danville, Camp Taylor.

Geo. Guerin Marshall, Rutland, Balboa Heights, Panama.

Seth Hunter Martin, Alburg, Camp Greene, Charlotte, S. C.

Edward Francis Murray, Burlington, Camp Pike.

George Herbert Newton, Cambridge, Camp Sevier, Greenville, S. C.

John R. Platton, Fairfield, Hoboken, N. J.

Thomas Rice, Brattleboro, Camp Lee.

William Reynolds Patton, Fairfield.

William B. Porter, Richmond, Camp Lee, Petersburg, Va.

Geo. Roberts, Chester, Base Hospital, Fort Oglethorpe.

Simeon Gould Start, Cambridge, inactive list.

Herbert Wellington Taylor, Brattleboro, in France.

Emmus G. Twitchell, Burlington, Fort Oglethorpe.

Walter James White, Middlebury, Hoboken, N. J.

First Lieutenants

Fred Noble Aldrich, Derby, in France.

Robert Oscar Blood, Newbury.

Windsor DeForest Bowen, Saxtons River, Base Hospital, Camp Upton.

David R. Brown, Lyndonville, Fort Oglethorpe.

Charles Evans Buchanan, Felchville, inactive list.

Percy Erastus Buck, Glover, Newport News, Va.

Sidney M. Bunker, Burlington, Camp Kearny, Linda Vista, Calif.

Arthur Washington Burnham, Norwich.

John Marie Caisse, Swanton, Camp Laurel.

Luther John Callahan, Manchester, in France.

Mitchell D. Carey, Montpelier, Fort Oglethorpe.

Charles Porter Chandler, Montpelier, Fort Benjamin Harrison.

Maurice L. Cheney, Lyndonville, Fort Oglethorpe.

Joseph A. Ciminera, Burlington, Fort Oglethorpe.

Bernie Dennis Colby, Sudbury, Fort Oglethorpe.

Sherwin Aldrich Cootey, Wallingford, Fort Oglethorpe.

Albion A. Cross, Williamstown, Camp Forrest, Chicamauga Park, Ga.

Julius E. Dewey, Montpelier, Camp Sherman.

Frank Henry Everett, Castleton, Camp Hancock.

Edward V. Farrell, Danby, Base Hospital, Camp Upton.

Rowley S. Flagg, No. Troy, Gettysbnrg, Pa.

Chas. F. Fleming, W. Rutland, inactive list.

William Arthur Flood, North Bennington, Hoboken, N. J.

Barnet Frank, Burlington, inactive list.

Clarence L. Gannon, Burlington, Fort Oglethrope.

Victor Patrick Genge, Newport, in France.

Bert D. George, Hardwick, Fort Oglethorpe.

Albert Joseph Greenwood, Springfield.

George G. Hall, Woodbury, Hoboken, N. J.

Hugh Henry Hanrahan, Rutland, Camp Jackson, Columbia, S. C.

John W. Harvey, Camp Dix.

F. R. Hastings, Barton, in Canadian Army.

Byron Harry Hermann, St. Albans.

Frederick W. Harriman, Montpelier, Fort Oglethorpe.

Arthur Hooks, Blackstone, Philippine Dept.

Anselme Ephrem Houle, Bennington, Camp Mead.

William Orrin Hutchinson, Washington, Fort Oglethorpe.

Roy Chase Jackson, Brattleboro.

John P. Kerrigan, Ludlow, Fort Oglethorpe.

Albert Clark Kinney, E. Hardwick, Army Medical School, Washington.

Harry Hitchcock Lawrence, Springfield, inactive list.

Geo. Eugene Latour, Burlington, Camp Custer, Battle Creek, Mich.

James L. Lovejoy, Manchester, Camp Lee, Petersburg, Va.

Robert Leland Maynard, Burlington, Base Hospital No. 116, New York City.

Louis F. McCarthy, Fort Monroe.

James McN. Fadsley, Falls Church, Fort Oglethorpe.

Donald Guy McIvor, Swanton, in France.

Walter Franklin McKenzie, Burlington, Camp Vail, Little Silver, N. J.

Sidney Mitchell, Jr., Richmond, Army Medical School for instruction.

Arthur Lionel Patch, Windham, inactive list.

Martin J. P. Paulsen, Winooski, inactive list.

Harold Stearns Peck, Rutland, in France.

Charles Norman Perkins, Burlington, inactive list.

Douglas James Roberts, Burlington, Instructor in Roentgenology, Cornell Medical College.

Leonard Blake Rowe, Orwell, Lake West, N. J.

George C. Rublee, Hardwick, Hoboken, N. J.

Geo. Albert Russell, Arlington, 19th Cavalry, Ft. Ethan Allen.

Dennis J. Sheehan, St. Johnsbury, Fort Oglethorpe.

Walter D. Simmons, Richmond, Camp Lee, Petersburg, Va.

Chester Lewis Smart, Burlington, Fort Oglethorpe.

Clifton Henry Smith, West Rupert, Camp Jackson, Columbia, S. C.

Ray Ernest Smith, Rutland, in France.

Henry E. Somers, Newport, Orthopedic Surgery, Garden City, L. I.

Henry Eugene St. Antoine, Burlington, Jamaica Plain, Mass.

James L. Stringfellow, Norfolk, New Haven, Conn.

Walter Nale Squires, Burlington, inactive list.

Harold F. Taylor, Burlington, Fort McPherson, Ga.

John Patrick Tierney St. Johnsbnry, Base Hospital, Camp Gordon.

John David Thomas, Pownal, Camp Devens.

Ray Brown Thomas, Enosburg Falls, Camp McClallen, Anniston, Ala.

Henry Latimer Tillotson, Groton, Vt., inactive list.

Joseph Arthur Wark, Barre, inactive list.

William Godfrey Watt, Vergennes, Army Medical School.

Henry Renben Weston, Windsor, Base Hospital, Camp Lee.

John Brooks Wheeler, Burlington, Advisor to Governor of Vermont.

William Henry White, North Troy.

Claiborne Wilcox, Norfolk, Camp Leach, Washington, D. C.

Rollin D. Worden, Montgomery, Camp Sherman.

Honorably Discharged on Account of Physical Disability

Lieut Francis J. Ennis.

Lieut. Waldo R. Harkness.

Unclassified

Edward Anthony Flynn, Burlington.

Navy

Geo. Albert Alden, Burlington, Asst. Surgeon, U. S. N. Reserve.

Bertrand Fletcher Andrews, Burlington, Asst. Surgeon, U. S. N. Reserve.

Edward A. Crofutt, Poultney, Asst. Surgeon, U. S. N.

Frederick Henry Gebhardt, Rutland, Naval Training Station, Newport, R. I.

Ransom H. Holcomb, Burlington, Asst. Surgeon U. S. N. Reserve.

John Dowd Lane, Bennington, Asst. Surgeon U. S. N. Reserve.

Leland McKinlay, Burlington, Asst. Surgeon U. S. N. Reserve.

Charles Edward Morse, Rutland, Asst. Surgeon U. S. N. Reserve.

Italics indicate serving "overseas."

Information is requested that this roll may be kept as nearly correct as possible.

More Vermont Physicians for Service

At a meeting of the Vermont State Committee, Council of National Defense, Medical Section, held at Montpelier, May 31, the names of those physicians whom the committee are particularly recommending for commissions in the week before July 1st were selected.

This list includes the names of many who cannot be especially urged to go but who are already voluntarily making application and so may properly be counted in Vermont's quota.

The list follows:

Addison County 1.
- H. L. Williamson, Bristol.

Bennington County 5.
- J. H. Cole, Bennington.
- S. K. Gray, Arlington.
- L. M. Kelley, Manchester.
- F. J. Dean, Jr., North Bennington.
- T. F. Crowley, Readsboro.

Caledonia County 2.
- R. H. Burke, St. Johnsbury.
- J. W. Wesley, St. Johnsbury.

Chittenden County 11.
- B. D. Adams, Burlington.
- F. J. Arnold, Burlington.
- E. O. Crossman, Burlington.
- W. H. Clancey, Burlington.
- J. W. Courtney, Burlington.
- B. Frank, Burlington.
- R. W. Johnson, Burlington.
- J. A. Hunter, Burlington.
- L. McCambridge, Burlington.
- C. N. Perkins, Burlington.
- H. L. Wilder, Burlington.

Franklin County 6.
- H. L. Pierce, Swanton.
- J. S. King, Georgia.
- H. D. Hinman, Enosburg Falls.
- C. A. Loftis, St. Albans.
- G. C. Berkley, St. Albans.
- F. W. Norris, St. Albans

Orange County 2.
- J. P. Gifford, Randolph.
- A. B. Wodman, Wells River.

Orange County 2.
- E. N. Bibby, Craftsbury.
- R. M. Wells, Orleans.

Rutland County 1.
- E. J. Cray, Brandon.

Washington County 14.
- J. W. Stewart, Barre.
- D. C. Jarvis, Barre.
- F. X. Z. Archambault, Barre.
- G. L. T. Hayes, Graniteville.
- W. J. Lindall, Montpelier.
- L. A. Newcomb, Montpelier.
- C. H. Burr, Montpelier.
- J. R. Grimes, Montpelier.
- C. E. Hunt, Montpelier.
- M. T. McGuire, Montpelier.
- W. H. Sisson, Northfield.
- A. B. Warren, Warren.
- T. J. Allen, Waterbury.
- G. S. Bidwell, Waterbury.

Windham County 10.
- O. V. Hefflon, Wardsboro.
- G. B. Hunter, West Brattleboro.
- J. E. Galvin, Londonderry.
- G. R. Anderson, Brattleboro.
- E. L. Tracey, Brattleboro.
- H. P. Greene, Brattleboro.
- G. G. Murray, Bellows Falls.
- H. L. Waterman, Brattleboro.
- B. E. White, Brattleboro.
- J. T. Rudden, Bellows Falls.

Windsor County 13.
- W. M. Huntington, Rochester.
- D. S. Drake, White River Jct.
- C. W. Kidder, Woodstock.
- M. P. Stanley, White River Jct.
- C. H. Hazen, Springfield.
- C. E. Buchanan, Felchville.
- W. Blanchard, Windsor.
- T. F. Gartland, White River Jct.
- L. B. Jones, Norwich.
- S. H. McKewen, Windsor.
- I. R. Doane, Springfield.
- R. J. Goss, Wilder.
- C. P. Munsell, So. Royalton.

THE FOLLOWING ARE NOW APPLYING FOR COMMISSION

J. W. Courtney, Burlington.
E. N. Bibby, Craftsbury,
E. O. Crossman, Burlington.
W. M. Huntington, Rochester.
H. P. Greene, Brattleboro.
I. R. Doane, Brattleboro.
R. H. Burke, St. Johnsbury.
E. J. Cray, Brandon
J. A. Hunter, Burlington.
A. B. Warren, Warren.
C. A. Loftis, St. Albans.
J. H. Woodruff, Barre.
G. B. Munsell, South Royalton.
G. H. Parmenter, Montpelier.
W. G. Hodsdon, Rutland.
J. B. Brennan, Poultney.
C. H. Burr, Montpelier.
B. E. White, Brattleboro.
R. H. Miner, Windsor, Vt.
J. L. Welsh, Proctor.
S. H. McKewen, Windsor.
J. R. Grimes, Montpelier.
B. D. Adams, Burlington.
T. F. Gartland, White River Jct.
J. P. Gifford, Randolph.
H. L. Pierce, Swanton.
W. J. Tindall, Montpelier.
H. L. Wilder, Burlington.
J. A. Hunter, Burlington.
S. K. Gray, Arlington.
G. B. Hunter, West Brattleboro.
O. V. Hefflon, Wardsboro.
C. F. Ball, Rutland.
A. L. Fogg, Underhill.
J. H. Cole, Bennington.
G. R. Anderson, Brattleboro.
G. S. Bidwell, Waterbury.
W. H. Clancey, Burlington.
H. D. Hinman, Enosburg Falls.
C. W. Kidder, Woodstock.
J. S. King, Georgia.

The following applicants have been commissioned under the present call.

C. L. Gannon, Burlington.
H. H. Lawrence, Springfield.
A. L. Patch, Windsor.
C. N. Perkins, Burlington.
J. M. Hamilton, Rutland.
S. G. Start, Cambridge.
B. D. Adams, Burlington.
H. L. Williamson, Bristol.

Doctors from Vermont Who Have Declined Commissions in the Medical Reserve Corps

Ermin Morton Gardinier, Bennington.
Eugene Joseph Cray, Brandon.
Daniel Augustus Shea, Burlington.
Chester Sylvester Leach, Hyde Park.
Charles Henry Bates, Ludlow.
Linwood Major Kelley, Manchester Center.
John C. Murphy, Richmond.
Everett Joseph Stone, Sharon.
Vance William Waterman, Vergennes.

FRENCH IDEALISM

The following is said to be from an essay by a French school boy. If this is true, it demonstrates the difference between the French and the Germans, and the importance of saving the French from the Huns:

"It was only a little river, almost a brook; it was called the Yser. One could talk from one side to the other without raising one's voice, and the birds could fly over it with one sweep of their wings. And on the two banks there were millions of men, the one turned toward the other, eye to eye. But the distance which separated them was greater than the stars in the sky; it was the distance which separates right from injustice.

"The ocean is so vast that the seagulls do not dare to cross it. During seven days and seven nights the great steamships of America, going at full speed, drive thru the deep waters before the lighthouses of France come into view; but from one side to the other, hearts are touching."

Book Reviews

SANIDAD Y BENEFICENCIA,

Boletin Oficial de la Secretaria

Habana, Ener-Febrero y Marzo-Abril de 1918.

These copies of the Official Bulletin of Public Health and Sanitation cover the health reports of the whole island of Cuba for the first four months of the present year. Especial attention is being paid to the control of Small-pox, Malaria and Typhoid Fever in our little sister republic and a very laudable spirit of progress and of conscientious effort is manifest from this publication. It is not amiss to mention that this work dates from the American occupation eighteen years ago and that the people of Cuba still look back upon the period when General Leonard Wood was Governor-General of Cuba, with grateful and appreciative recollection. It is too much to expect eager and sympathetic concurrence on the part of the Cuban public with the active and effective work of the Public Health Department, but the lack of such concurrence will certainly yield to the beneficent results of the health and sanitation work which has already demonstrated its value. No cases of Yellow fever are reported, Small-pox is practically under adequate control and a thorough campaign is well under way to extirpate Malaria. Health to Cuba and may the Sanitation Department of the island continue its good work!

TREATMENT OF WAR WOUNDS

(Second Edition, Reset)

The Treatment of War Wounds. By W. W. Keen, M.D., L.L.D., Emeritus Professor of Surgery, Jefferson Medical College, Philadelphia. Second Edition, Reset. 12 mo. 276 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, $2.00 net.

W. B. SAUNDERS COMPANY

Philadelphia London

In the above volume Dr. Keen has collected from a variety of sources,—addresses, papers in medical Journals, personal letters and frequent interviews,—the cream of all that has been written and the best of what has been done in the surgical area of the Allied Armies. It is surprising how much of value Dr. Keen has condensed into this little volume of 264 pages, and it is no less surprising to realize the great lessons that the war has taught us. Among the early subjects treated is surgical shock on the battlefield which W. T. Porter last year showed to be due to fat embolism. Speaking of shock he says:—

"The critical level of blood pressure is that point below which the blood pressure will not usually rise again without assistance. The critical level of the diastolic pressure was close to 60°. An understanding of the critical level is of the first importance in the study and treatment of shock. If the blood pressure just touches the critical level, a difference of ten millimeters of mercury may be the difference between life and death." Above this level recovery will usually occur spontaneously, a few milli-

meters below, death will follow unless skilled aid is at hand. Remedies are directed to raising the diastolic pressure to a point about 15 millimeters above the critical level—more is not necessary. Carbon dioxid respiration was frequently employed and always with benefit.

There is an excellent article on the Carrel-Dakin method of treating infected wounds. In one series of eighty cases of compound fracture of the femur not a drop of pus was found during their entire treatment and they were all primarily infected cases, as are the vast majority of such injuries during the present war. Out of the entire list of such injuries during 1915, under the Carrel-Dakin treatment, the mortality was but 4.6 per cent, which in 1916 was lowered to 1.9 per cent.

The chapter on Tetanus is of value. In our Civil War Tetanus had a mortality of about 90 per cent and in the Franco-Prussian it was about the same. In the present war there were in the early stages many cases and the tetanus anti-toxin gave out. Since Nov. 1914, however, there has been an adequate supply and at present a protective dose is given to every wounded man as early as possible, and as a result tetanus has almost disappeared.

Wounds of the head, of the chest, of the abdomen are all considered from the especial point of war surgery and are full of interest. There is no doubt that the helmets (so called, they are really morions) have averted countless head injuries, and it is strange that some similar protection has not been reintroduced from the period of mediaeval warfare to guard the chest and abdomen from similar injuries.

Many of the lessons of war surgery will be of immense value as applied to the accidents of civil and industrial life.

1917 *COLLECTED PAPERS OF THE MAYO CLINICS, ROCHESTER, MINN.*

1917*Collected Papers of the Mayo Clinics,* Rochester, Minn. Octavo of 866 pages, 331 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth $6.50 net.

W. B. SAUNDERS COMPANY
Philadelphia London

These annual collections have become familiar to surgeons since their publication began in 1909, and they have come to be regarded as among the best of all the year books, and the present issue sustains the excellence of its predecessors.

The varied attainments of the Mayo staff, their calm and careful judgment, wide range and careful observation are set forth with an unostentatious accuracy of statement that is unfortunately rare in medical publications. All the great surgical areas receive suitable attion together with others far less often exploited. Among the latter is an excellent paper on the Kondolion operation for Elephantiasis, and one on the Relation of the Spleen to Certain Obscure Clinical Phenomena.

THE BITING KIND

The East-end doctor was attending an injured woman who had come to his surgery with her arm severely bitten.

He dressed the wound, and as he did so he remarked:

"I cannot quite make out what sort of animal bit you. The wound is too small for a horse's bite and too big for a dog's."

"Oh, it wasn't an animal?" exclaimed the patient. "It was another lady."

—*Tit-Bits.*

From the Council of Pharmacy and Chemistry

During June the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Nonofficial Remedies:

Cutter Laboratory:
- Antipneumococci Serum, Type 1.

Mead Johnson & Co.:
- Mead's Dextri-Maltose, No. 2.
- Mead's Dextri-Maltose, No. 3.

H. K. Mulford Co.:
- Antipneumococcic Serum, Type 1.
- Antipneumococcic Serum, Polyvalent.

NEW AND NONOFFICIAL REMEDIES

Antipneumococcus Serum.—A serum obtained from horses immunized with virulent pneumococci. Each lot of antipneumococcic serum is submitted by the manufacturer to the U. S. Hygienic Laboratory for potency test. Early massive (from 50 Cc. to 10 Cc.,) intravenous doses of a highly potent serum prepared from the type of pneumococcus present in the case to be treated are necessary. The serum used should be obtained from an animal immunized with pneumococci of the type corresponding to that present in the special case under treatment. Thus far Type 1 serum alone seems to be on reasonably secure clinical grounds.

Antipneumococcus Serum, Type 1, Lederle.—Marketed in a pressure syringe containing 50 Cc. Schieffelin and Co., New York.

Antipneumococcic Serum, Type 1, P. D. & Co.—Marketed in a piston syringe containing 50 Cc. Parks, Davis & Co., Detroit, Mich.

Antipneumococcic Serum, Type 1, Squibb.—Marketed in vials containing 50 Cc. E. R. Squibb & Sons, New York.

Acid. Phenylcinch.-Morgenstern. —A brand phenylcinchoninic acid, U. S. P. It is sold as Tablets Acid. Phenylcinch.-Morgenstern containing 0.5 gm. acid. phenylcinch., and as Sodium Phenylcinch.-Water-Morgenstern, a solution of sodium phenylcinchoninate containing sodium bicarbonate and sugar and representing the equivalent of 1 gm. acid. phenylcinch.-Morgenstern per fluid ounce.

Procaine-Rector.—A brand of procaine complying with the N. N. R. standards. Procaine is the substance which was first introduced as "novocaine". The Rector Chemical Co., Inc., New York.

Barium Sulphate-Brady for Roentgen-Ray Work.—A brand complying with the N. N. R. standards for barium sulphate for Roentgen-ray work. Geo. W. Brady & Co., Chicago (*Jour. A. M. A.*, June 1, 1918, p. 1599).

Antipneumococcic Serum, Type 1, Cutter.—Marketed in vials containing 50 Cc. Cutter Laboratory, Berkeley, Calif.

Antipneumococcic Serum, Type I, Mulford.—Marketed in double ended vials containing 50 Cc. H. K. Mulford Co., Philadelphia, Pa.

Antipneumococcic Serum, Polyvalent, Mulford.--Prepared by immunizing horses with dead and living pneumococci of the three fixed types (Types 1, 2, 3). Marketed in double ended vials containing 50 Cc. each, with sterile needle and tubing for intravenous injection. H. K. Mulford Co., Philadelphia, Pa. (*Jour. A. M. A.*, June 22, 1918, p. 1923).

PROPAGANDA FOR REFORM

Sodium Versus Potassium.—When the embargo was declared on Germany, the price of potassium salts in this country began to soar. New steps are being taken for the production of potassium in this country. In the meantime the plentiful sodium salts may, in most cases, be used instead. There is no evidence that potassium salts are superior therapeutically to sodium salts, and the latter are very much cheaper. Sodium acetate, sodium bicarbonate, sodium bromid, sodium chlorate and sodium hydroxid are among the sodium salts which may with advantage replace the corresponding potassium salts. (*Jour. A. M. A.*, June 1, 1918, p. 1601).

Misbranded Nostrums.—The following preparations have been investigated by the Federal authorities and their proprietors convicted of misbranding under the Federal Food and Drug Act: Dr. Swan's Liver and Kidney Remedy, containing alcohol, sugar, glycerin, sodium salicylate, strychnin and some laxative plant drug, with indications of juniper.—Stuart's Calcium Wafers, containing strychnin, despite the claim that it contained no poisonous ingredient.—Turpentine Man's or Tyding's Remedy, a glucose sirup containing potassium iodid, alcohol, and traces of salicylic acid, phosphates, calcium and alkaloids.—Henry's

Red Gum Compound, containing heroin, chloroform, alcohol, glycerin and sugar.—Athlophoros, a solution of glycerin, sodium salicylate, oil of cinnamon and water.—Dr. Thatcher's Cholera Mixture, containing alcohol, morphin, a laxative drug, sugar and aromatics.—Dr. Thatcher's Amber Injection, containing alcohol, opium and zinc sulphate to which acetic acid had been added.—Abbott Bros.' Rheumatic Remedy, containing 24 per cent. alcohol with 5 grains potassium iodid to each teaspoonful with extracts of drugs such as sarsaparilla and dandelion (*Jour. A. M. A.*, June 1, 1918, p. 1624).

Orchis Extract.—A post-office fraud order has been issued against Fred A. Leach, doing business as the Packers Product Company, Chicago. The business which the post-office has declared a fraud consisted in the sale of Orchis Extract, claimed to be a remedy for lost sexual powers, etc. The Federal chemists found that Orchis Extract tablets consisted of milk sugar, orchitic animal tissue, and agents used in compressing the tablets (*Jour. A. M. A.*, June 8, 1918, p. 1786).

Care in Administering Arsphenamine.—More than the ordinary severe reactions from arsphenamine have been reported lately; hence there is need of special care at the present time in the administration of arsphenamine. The ques- may justly be raised if it is wise to repeat the administration at very short intervals. There also are indications to suggest the wisdom of beginning with small doses. Also, while heat may be used in dissolving the arsenobenzol brand of arsphenamine, it should be avoided in the case of the other brands which are readily soluble in water (*Jour. A. M. A.*, June 15, 1918, p. 1867).

Cotarnin Hydrochlorid.—P. J. Hanzlik reports that while the descriptions of the actions and uses of cotarnin hydrochlorid given in New and Non-official Remedies tentatively accepts certain current statements in the absence of definite published data, experiments with animals carried out by him demonstrate that the drug is devoid of hemostatic action. He holds that cotarnin hydrochlorid is entirely worthless as a local hemostatic (*Jour. A. M. A.*, June 15, 1918, p. 1883).

Several "Mixed" Vaccines not Admitted to N. N. R.—The Council on Pharmacy and Chemistry publishes a report announcing the rejection of a number of "mixed" vaccines. In publishing its report the Council explains its attitude toward this class of products: In view of the rapid development of bacterial therapy, the possibility for harm that attends the use of bacterial vaccines and the skepticism among experienced clinicians as to the value of vaccines representing a combination of organisms, the Council has felt that it should scrutinize the claims for such agents with exceptional care and admit to New and Non-official Remedies only those vaccine mixtures for which there is acceptable evidence to indicate that the particular mixture is rational. Experienced clinicians have generally come to the conclusion that mixed vaccines have no specific action and that any effect they may produce is due to a non-specific protein reaction. The preparations rejected in the accompanying reports are only a few of the many that are being sold by some biological houses. The report explains in detail the considerations which led to the rejection of the following preparations, all of which were considered because of inquiry received: 1. The Abbott Laboratories: M. Catarrhalis-Combined-Bacterin, B. Coli-Combined-Bacterin, Pertussis-Combined-Bacterin, Streptococcus-Rheumaticus - Combined - Bacterin and Streptococcus - Viridans - Combined - Bacterin. 2. Eli Lilly and Company: Catarrhal Vaccine Combined and Influenza Vaccine Combined. 3. H. K. Mulford Company: Influenza Serobacterin Mixed. 4. G. H. Sherman: Sherman's Mixed Vaccine No. 40. (*Jour. A. M. A.*, June 22, 1918, p. 1967).

PROCAINE AND NOVOCAINE IDENTICAL

It appears that in certain quarters the attitude is taken that the local anesthetic sold as Procaine is not identical with that marketed as Novocaine. The Subcommittee on Synthetic Drugs of the National Research Council believes it important that this misunderstanding should be corrected and hence offers the following explanation:

The monohydrochloride of para-amino-benzoyldiethyl-amino-ethanol, which was formerly made in Germany by the Farbwerke, vorm. Meister, Lucius and Bruening, Hoechst A. M., and sold under the trademarked name Novocaine, is now manufactured in the United States. Under the provisions of the Trading with the Enemy Act, the Federal Trade Commission has taken over the patent that gave monopoly for the manufacture and sale of the local anesthetic to the German corporation, and

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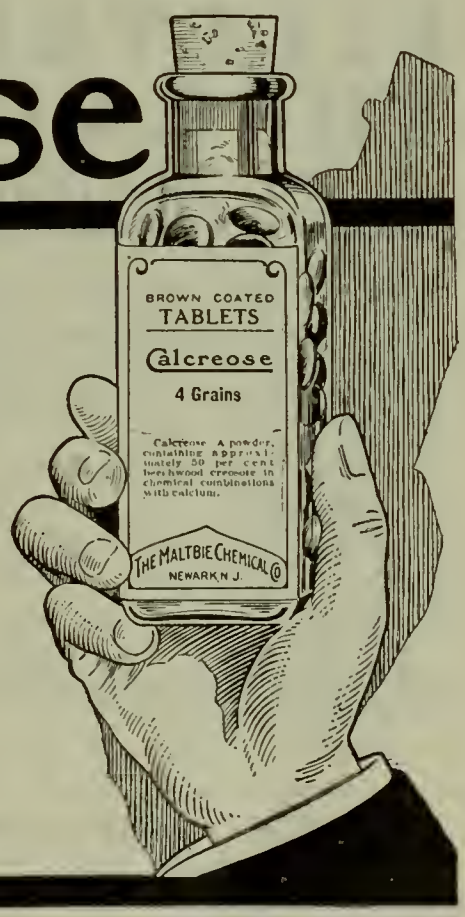

has given very satisfactory results in the treatment of acute and chronic bronchitis, especially the bronchitis associated with pulmonary tuberculosis. It does not produce any gastric distress even when taken in large doses—160 grains daily—for long periods of time.

The dosage is accurate and easily controlled

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NEWARK, NEW JERSEY

has issued licenses to American concerns for the manufacture of the product. This license makes it a condition that the product first introduced under the proprietary name "Novocaine" shall be called Procaine, and that it shall in every way be the same as the article formerly obtained from Germany. To insure this identity with the German Novocaine, the Federal Trade Commission has submitted the product of each firm licensed to the A. M. A. Chemical Laboratory to establish its chemical identity and purity, and to the Cornell pharmacologist, Dr. R. A. Hatcher, to determine that it was not unduly toxic.

So far, the following firms have been licensed to manufacture and sell Procaine:

The Abbott Laboratories, Ravenswood, Chicago.
Farbwerke Hoechst Company, New York, N. Y.
Rector Chemical Co., Inc., New York, N. Y.
Calco Chemical Company, Bound Brook, N. J.

Of these, the first three firms are offering their products for sale at this time, and have secured their admission to New and Nonofficial Remedies as brands of Procaine which comply with the New and Nonofficial Remedies standards.

While all firms are required to sell their product under the official name "Procaine", the Farbwerke-Hoechst Company is permitted to use the trade designation "Novocaine" in addition, since it holds the right to this designation by virtue of trademark registration.

In conclusion: Procaine is identical with the substance first introduced as Novocaine. In the interest of rational nomenclature, the first term should be used in prescriptions and scientific contributions. If it is deemed necessary to designate the product of a particular firm, this may be done by writing Procaine-Abbott, Procaine-Rector, or Procaine-Farbwerke (or Procaine—Novocaine brand).

Yours truly,

JULIUS STIEGLITZ,
Chairman Sub-committee on Synthetic Drugs, National Research Council.

ELECTRO-THERAPY
IN THE ABSTRACT
By Omar T. Cruikshank, M. D.

VALUABLE not alone for the technical information given in regard to the effects of mechanical vibration and methods of vibratory technique as summarized by Snow, Bier and others, but also valuable on the more material plane of
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Original Papers

THE AMERICAN ASSOCIATION OF INDEPENDENT PHYSICIANS

By A. S. M. Chisholm, M. D.
Bennington, Vt.

The attitude of the thoughtless public toward the profession of medicine has always been a peculiar one, and it has been with surprise not far removed from amazement that we have realized the perennial distrust and resentment with which our progress toward sanitary perfection and the eradication of disease, has been criticized and often condemned by the very people for whose welfare we are striving. There is nothing new in this attitude. The history of medicine is full of illustrations of it, and it has always existed. To go no further back than the 17th century, we may mention the names of Newton and Harvey, not for the purpose of comparing their achievements, for they are incomparable, but to notice the disparity of their personal results. Newton merited all the fame and glory that he received on the announcement of his successive discoveries, but did Harvey, who laid the foundation for all the later developments of internal medicine, deserve the bitter abuse that overwhelmed him and finally destroyed him? In the next century Priestley and Cavendish were hailed with immediate acclaim as the discoverers of Oxygen and Hydrogen. One would imagine that their contemporary Jenner's work was of no less service to humanity than was theirs, but was he equally honored? It is hardly too much to say that his name was for years an offense to his contemporaries. So in the last century, with a host of petty inventors who reaped wealth and fame we may contrast the personal abuse with which Lister was assailed for his attempt to secure operation-antisepsis. And what is true of the great is in their due degree true of the small.

The reasons for this peculiar attitude toward medicine will probably interest us and occupy us later. At present the fact is what we wish to note. It is proper to say however that this general animosity has been largely abated by several factors which have operated during recent years, one of which factors is the campaign that we have for some years waged in entire concurrence for the conquest of tuberculosis.

These instances that I have quoted illustrate the attacks that have been made on medicine from without. There has appeared of recent years a tendency of a different character, not from without but from within; not to attack but to betray. And this tendency finds its proclamation in the prospectus recently issued under the title that heads this article. Who these people are we do not know. Of the five names that figure

as officials of the society we find that three are not included in the Medical Directory for 1916. But our interest does not lie in the personnel of the society, save for a passing relief to learn that the pirate ship was compelled to impress outsiders to man its guns. Still one of the officers besides the captain seems to belong to the regular service and there are perhaps others who are reluctant to disclose their identity prematurely, i. e., before the success of the voyage seems assured and the distribution of the prize-money near. The purpose of the gang is clear however from their prospectus. It is like all piratical enterprises a money venture.

Doubtless, unworthy men are to be found in every profession, men who degrade their calling instead of uplifting or even sustaining it; paltry men with sordid aims, unscrupulous, selfish, mercenary. Every vocation has this handicap and in medicine they have always existed. But they have never predominated nor, so far as we have observed, has anyone endowed, in our professional schools, a chair of Medical Politics. These gentlemen often labor assiduously at their unsavory task of self-advertisement, but their industries are either local or carefully camouflaged, and while we regard them as an evil we do not consider them an especial menace. In this prospectus however they have lifted their heads and brayed aloud their purpose to advertise their pretensions openly and get all the money they can, without the slightest regard to medical tradition, ethics or ideals. Their shameless appeal may have its desired effect to tempt the precarious virtue of a few dissatisfied members of the profession, but we have confidence in the firm principles of the greater portion of the medical practitioners, in their professional self-respect and in their recognition of the ideals of medicine. What then are these ideals? In a word, forgetfulness of self in the service of humanity with especial reference to the relief of suffering and the conservation of life. That is the service to which we are devoted, the warfare for which we have been trained. The rank may vary but the spirit is one and the same in all. To some are awarded the honors of the service and their names are uttered with respect and heard with admiration, but the greater portion of us serve obscurely and perform—or neglect—our little daily duties as they arise.

In this, there is no question of money at all. Fees are quite incidental. They are a necessary incident, but they do not enter directly into the consideration of service. That is the distinction in general between a profession and a trade, and the distinction is considered valid even by the Hideous Hun who scarcely considers anything else valid but the sword and the submarine. For what is the fee? There was never any thought that the fee was a compensation commensurate with the service rendered. What fee was ever an adequate satisfaction for a life saved? All that a man hath will he give for his life, and when his life is saved and he walks into your office and pays his bill—as some actually do— he knows as well as you do that he has not balanced the account,—that there is something over and above the amount of the bill and that he remains permanently your debtor. This overplus is sometimes paid in gratitude and sometimes in ingratitude, which last is usually the reverse side of gratitude being the sub-conscious recognition of a service so far beyond all payment as to even be resented by the recipient. The fee, then, is no compensation, and is

not intended to be. Nor was it ever so regarded. It is a conventional amount which is regulated by custom, subject to immemorial restriction, and which was devised in order that, when increased by other similar fees, a decent living might provide an honorable support for a worthy practitioner. Now when the question of fees is to be made the principal quest of this organized gang of shameless buccaneers, the profession of medicine is to be turned upside down, all of its principles perverted, its spirit violated and its practice prostituted. We could suggest their adoption of Richard Croker as their guardian saint and for a motto the inspiring word of that great chieftain—"For my own pocket all the time!"

But there is no fear of the profession of medicine following this vulgar lead. We have no authentic record of the Stone Age, and the Piltdown man forgot to write his memoirs or at least failed to secure their permanence, but we do not fear for a moment that methods that must have been discreditable at that remote era will in our day invade the profession of medicine. It is not to be expected that the writer of this article, whose years much to his disgust have disqualified him for service in either the army or the navy, would be likely to sprinkle sentimental perfumery over his own profession, but it is perfectly true and conceded *semper, ubique et ab omnibus* that the ideal of medicine is forgetfulness of self in the service of humanity with especial reference to the relief of suffering and the saving of life.

*HEALTH INSPECTION IN THE PUBLIC SCHOOLS**

By CHARLES S. CAVERLY, M.D., ScD.,
Rutland, Vt.,
President Vermont Board of Health.

Human life has acquired new value during recent years. In the struggle for human liberty, the right to live, which the would-be autocrat of the world has precipitated, the decision seems likely to rest with the side which can produce the soundest men, men sanest in mind and body.

"Man power" is now the cry of the hour. We are once more faced with the dictum, "Might makes right." The value of sturdy and resolute manhood was never so great. To American manhood, especially, the appeal comes for men. Now, for the first time, America has paused to take account of stock. Prodigal of all her natural resources, she has never appreciated the possible wealth and influence hidden in her manhood and womanhood.

"Conservation" and "Preparedness," good English words, have never belonged in the American language. When the final lessons of the present world war are compiled, it is a safe guess that these two words will stand conspicuous.

Fuel and food and munitions and transportation, all, have their values, but sturdy manhood, on which all these depend, will be rated the Nation's chiefest asset. "The boy is father of the man!" "As the twig is bent the tree's inclined," are trite sayings. They contain, however, an everlasting truth. The human animal needs at least the same and as good care and training, at

*Paper read at 19th School for Health Officers, May 2, 1918.

the start, as other species. The products of our nurseries and schools, mature men and women, will plainly show whether they are given intelligent and practical attention or are left to chance. A virile race will not result, if the child is simply allowed to grow.

These of course are fundamental truths: prenatal and maternal care, obstetrical care, infant care are all necessary. Equally necessary is the training of the growing animal.

Foreseeing the urgent need, which we shall have, as a nation, in the immediate future, the Child's Bureau at Washington has recently started a new kind of "Drive." We have had "Drives" for Liberty Loans, for the Red Cross, for the Y. M. C. A. and K. C., for the conservation of food and fuel. This Bureau has conceived the altogether rational notion that we should have in this country a drive to save babies, future citizens. Its purpose is, stated in figures, to save 100,000 babies' lives in this country this year.

Every other patriotic "Drive" that has been launched in America during our participation in the great war has been a success. It is certainly to be hoped that the "Drive" I here mention, to conserve the young human species, will be also a great success.

Of the 7,500 or more babies born in Vermont each year, one in ten die before the end of the first year. One-half of these deaths must be prevented.

The Secretary of the State Board of Health has called upon different organizations throughout the state to participate in this great "Drive" for child welfare. The Health Officers in Vermont must help. It is a part of their duty to work with the medical profession, the women's clubs, and all other organizations which are being enlisted in this beneficent work. Let me especially call the attention of the Health Officers to the last *Bulletin of the Vermont State Board of Health*, in which a description of the methods to be followed is given. Vermont's quota, I believe, in this nation-wide drive is 321 baby lives. There should be no difficulty in meeting this call, which comes to us. We are all proud of the response Vermont has made to these other patriotic appeals. Let us show that we can fill our quota in human lives saved. The urgent demand that is made upon us by our allies for the production of men, virile in mind and body, emphasizes anew the need of great care in the training of young manhood and womanhood.

I said that for the first time in our history, we were now called upon to take account of stock. The "Selective Draft"' has brought out in a most striking way the health defects of the young men in this country. The age group of our male population subject to this draft, ought to be as sound physically as any other, yet at least one-third, it develops, are physically unfit for military duty*.

Dr. Thomas D. Wood of Columbia University, a high authority on health problems in education, makes the following astounding statements:—

75%, or 16,000,000, of the school children in the United States, have physical defects which are potentially or actually

*Dr. Eugene L. Fiske, Medical Director of the Life Extension Institute, states that of 8,875 examinations made under this draft in the cities of Detroit, Brooklyn and New York, 29% were rejected for physical reasons.

The Provost Marshal General's figures, since published for the country, show a rejection rate also of 29%.

The figures showing the number of rejections for physical reasons by Vermont Examining Boards in the first draft were 46%. It should be remembered that all these men were further sifted after reaching the cantonment camps.

detrimental to health; and he further states that most of these defects may be remedied. These are some of the specifications in this sweeping statement:

At least 1%, 200,000 of our children, are mentally deficient.

Over 1%, 250,000, have heart disease.

At least 5%, 1,000,000, have tuberculosis.

5%, 1,000,000, have defective hearing.

25%, 5,000,000, have defective vision.

From 15 to 25%, 3,000,000 to 5,000,000, suffer from malnutrition.

From 15 to 25%, 3,000,000 to 5,000,000, have adenoids or diseased tonsils.

From 10 to 20%, 2,000,000 to 4,000,000, have bone or joint defects.

From 50 to 75%, 11,000,000 to 16,000,000, have defective teeth.

If these figures even approximate the truth, the situation with reference to our care of the growing boy or girl of school age is one that should receive the most careful and expert study. It ranks with all the other great problems affecting the ability of this nation to do its part in this or any future war.

Dr. Wood makes a further statement, which hits us in rural Vermont. It is this:

"One of the most appalling revelations of recent years is the conclusion, based on unrefuted evidence, that the rural school children in this country are handicapped by more physical defects than pupils in the city schools. While several significant causes seem to be responsible for this astounding condition, the present physical inferiority of country children depends in part upon the fact that city children now receive more health care than do those of rural regions."

It ought not to be necessary in any meeting of intelligent citizens, much less in a school for Health Officers, to produce any arguments at this day, in favor of health inspection in our public schools. None of us doubt that a very large percentage of the physical defects which have been found in our young men are preventable. None of us doubt that a thorough and efficient health inspection with proper follow-up work of the youth of our land during school life would prevent most of these defects.

As intimated by Dr. Wood, most of the larger cities of the land have appreciated this fact and have practical health inspection.

The small rural communities, of which our state is chiefly composed, have not as yet appreciated the importance of this work. We have been too apt to reason that a hardy constitution and healthy environment were all that was necessary.

The Secretary of the State Board, Dr. Dalton, a few years ago, read a paper before the health officers, from which these facts are taken:—

We have had in Vermont a certain amount of legal health work in our public schools since 1904. A law went into effect at that time, requiring an examination of the eyes and ears of school children by the teachers.

In 1910, this law was amended to provide for the examination every two years. The Superintendent of Education then reported that over 14,000 of our 45,000 school children were defective in sight or hearing. In 1910, the Medical Inspection Act was passed, which provided that each town *might* have Medical Inspection, if it so voted. A handful of towns voted for Medical Inspection, under this Act, at first. About a dozen towns had Medical Inspection for several years under this law.

In 1915, this law was amended so as to *require* School Directors in towns which voted for Inspection, to appoint one or more Medical Inspectors. This, the present law, further requires that the Medical Inspector shall comply with the Rules and Regulations promulgated by the State Board of Health in matters relating to these examinations. The last section of this Act specifies that the term Medical Inspector, as used in this Act, shall be construed to mean either *licensed physicians* or *trained nurses.* This is an unfortunate clause. Both are necessary to any adequate inspection system.

It will interest you to know the present status of Health Inspection in the public schools. In reply to a list of questions, six in number, which were sent to each school superintendent in the state by Dr. Dalton, forty-seven replies were received. From these replies the following facts are elicited

Number of towns voting for Medical Inspection this year 24

Two others referred the matter to the School Directors.

Four of these towns are apparently doing satisfactory work in this line, i. e., they employ a physician and a follow-up nurse, although, in one instance, the nurse is provided from private funds.

Number of towns paying for Medical Inspection from the public funds 12

These towns, including most of the larger places in the state, are Burlington, Rutland City, Bennington Village, St. Albans City, Barre City, Rockingham, Springfield, Hartford, Windsor, Bradford, Fair Haven Village and Middletown Springs*.

The average amount paid by these twelve towns last year for this work was $555.25. This is 1.3% of the amount spent on the schools in these towns. Brattleboro paid for this work $800, but this town is not included in the list, because the total amount spent for school purposes was not given. Several towns, which have voted this year for Medical Inspection, have not as yet put it into practice. Two towns (villages) have a volunteer nurse, who gives her services, as she is able. In seven towns this Inspection is made in the schools by nurses who are paid from private sources. Six of these are in one Union District of Windham County and are all small rural communities.

There are no data which show how many towns have previously voted for Medical Inspection and afterward abandoned it. One Superintendent reports that one town formerly had Inspection, but gave it up, because "the physician did not half do his work." The question of course might be asked in this connection if the physician was half paid for doing the work.

Several superintendents expressed regret that none of their towns had this service. And one says that he "hopes after the Dental Clinic, he may get it." The "Dental Clinic" referred to is the work that is being done through private generosity in the rural towns of the state. The almost universal need in the public schools of attention to the teeth of the children is well known. A dentist, Dr. Johnson, has been employed for this service and has now been working in some of our smaller towns since last November. The map which I

*Wilmington can now be added to this list.

show you will give you at a glance the geographical distribution of the towns which now have some sort of Health Inspection.

There is one overshadowing fact developed by the rather incomplete statistics which I have quoted, and that is, that Health Inspection in the Vermont schools is in a chaotic condition at the present time. Comparatively few towns have any form of Health Inspection; and among those who do, there is no uniformity in its practice and it is to be feared it does not accomplish much.

In this situation, the Health Officers of the state must, as far as possible, perform the function of School Health Inspectors. This is an opportune time, as I have intimated above, to give attention to the health of school children. The public health of each town in Vermont is in the keeping of a Health Officer. This is not only a good abstract proposition, but one that henceforth the Health Officer should construe literally.

The term "Public Health," as generally used, extends to the very important factor of the public, its schools. Children of certain ages are required, under the statutes, to attend public schools. The public is morally bound to safeguard the health of these children, while pursuing their education.

You have no authority to act officially as health inspectors in the public schools. You have, however, abundant authority, morally and legally, to take cognizance of conditions affecting health in the schools. It is a part of your duty to the public.

Health Inspection in the public schools has three distinct objects:—

First.—Sanitation of the school plant, buildings and grounds;

Lighting,
Heating,
Seating,
Plumbing,
Ventilation,
Sewage Disposal,
Water Supply,
General Cleanliness.

Second.—An annual examination of all pupils for the detection of chronic, physical defects and the keeping of permanent records of each.

Third.—A prompt examination, as required by teachers or principals, of pupils suspected of having contagious diseases.

The second of these propositions, having to do with the general physical condition of the pupils, can only be worth anything when conducted by a physician and his suggestions made effective by a follow-up nurse. Both doctor and nurse are essential for results.

The other two functions of the Health Inspector may properly be performed by the Health Officer. The Health Officer should at least twice a year, spring and fall, make a careful examination into the sanitary condition of the school plant. He should see that the heating plant is in working order and that some system of ventilation is possible. He should see that the school is furnished with water from a pure source and that the other details, especially the outhouses, are given attention, in accordance with the Regulations of the State Board of Health.

Health Officers may also properly examine pupils or teachers suspected of having contagious diseases; and if such disease is found, may see that the persons so affected are properly quarantined in accordance with the Regulations. In such towns as have no legal health inspection, the Health Officer

should have a distinct understanding with all teachers that he is to be notified in case the teacher is suspicious of the presence of any contagious disease. If he is a physician, he may make the necessary examination and act in the premises. If he is a layman, he should employ a physician to make the diagnosis, and then act accordingly. It might be said in this connection that the public schools offer the best possible opportunities for spreading contagious diseases; and let me further say that the building, furniture and other contents are comparatively harmless. Cleanliness, of course, is desirable from every standpoint. The chief danger, however, of spreading these diseases in the school room comes from the presence of a walking case, a half-cured case, or a case that is in the very early stages of the disease. In other words, cleanliness of the school room is desirable. Fumigation and disinfection of the room and the furniture are probably useless. Keep carrier cases, convalescents, and those coming down with contagious diseases out of the school room and the school room will cease to distribute these infections.

Now let me impress it upon you gentlemen coming from towns which never provided for Health Inspection in the public schools, that two-thirds of the duties involved in this inspection may be performed by you. I wish now to call your attention further and very emphatically to the still higher duty which each Health Officer owes to his community in these matters. That duty is of a missionary character. If the voters of your town do not have an opportunity to vote on the question of Health Inspection in the schools, you are negligent. The Health Officer of every town should see that the proper article is inserted in the Warning for the school meeting. Furthermore it is the duty of every Health Officer to exert and use his influence with the voters to see that they appreciate the meaning of this article. Every Health Officer of the state knows the importance of this matter. He should see that his community knows it, too. No more patriotic duty can be performed in these strenuous times than taking steps to safeguard the health of future citizens and soldiers.

The duty of the Health Officer to the public does not end when a town has voted for Health Inspection. The Health Officer should then see that the school officials are not wholly controlled by motives of economy in carrying out this Inspection. If Health Inspection, where tried, in Vermont has been a failure, it is probably due to the half-hearted, ill-paid service. If Health Inspection is worth trying, it is worth doing well. It cannot be done well, especially as regards the second object sought, without the services of a physician and follow-up nurse.

I have given you Dr. Wood's estimate of the chronic defects to which the school children of this country are subject. It represents a most appalling condition. And the pity of it all is that it is very largely preventable.

It is to be hoped that the regard for physical health and vigor held by the school officials of Vermont is not measured by the amount of money they appropriate for its preservation. 1.3% of the school money, which represents the cost of health conservation in a dozen of our largest towns, shows very little thought or regard for an important side of the growing boy or girl. Physical

health and vigor are not apparently rated very high. And yet I suppose we all would agree that they were as essential as a healthy mentality. Our state and country just now need men and they are rather particular to get sound men. The public school system of Vermont is not adjusted at the present time to the needs of the country or state.

It is to be hoped that each one of you gentlemen will not forget this matter when the time comes around for another school meeting and it is further hoped that you will exercise your influence to secure, not only Health Inspection in the schools, but *competent* health inspection. Meantime, do not forget that you may properly exercise the function of a Health Inspector as a part of your duties as Health Officer; and furthermore, it is *Health* Inspection rather than Medical Inspection that the schools need.

The following is from an address delivered by Dr. J. Y. Joyner before the State Medical Inspectors of North Carolina last October.

"To me, the tragedy of this earth is a diseased child. The natural inheritance of a child is joy and strength and growth and freedom. He is robbed of it all by disease. To me, the most tragic indictment of civilization is a diseased child—civilization that stands still and lets a little child, through ignorance of his parents or his teacher or for any cause, be robbed of this divine inheritance of the joy and happiness of childhood—of the strength and growth of childhood; Medical Inspection is intended to help prevent that tragedy—to help remove that terrible indictment against our Christian civilization. The physician and the teacher are necessarily the main agencies in this work. Medical Inspection, then, opens a new door of larger service to childhood, and through childhood to civilization and posterity."

REHABILITATION OF OUR WOUNDED

Perhaps none of the various uses to which the proceeds of the Liberty Loan are to be devoted appeals more strongly to the American people than the rehabilitation and reeducation of our wounded men. To teach these men, to train and fit them for useful and gainful occupations, when by reason of loss of sight or limbs or other injuries they are rendered unable to pursue ordinary vocations, is a work in which every American has a heartfelt interest.

Compensation will be allowed them and family allowances will be paid their families as if they were in actual service while they are taking the training, and every method known to science will be used to restore our wounded men to health and usefulness.

This work has been delegated by Congress to the Federal Board for Vocational Education. The board publishes at Washington a monthly bulletin, dealing with its work, called The Vocational Summary, which will be sent free to anyone upon request.

Vermont Medicine

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Editorials

HONOR TO DR. JOHN C. MURPHY

With the best intentions in the world, it is inevitable that some mistakes should creep into our lists of men who have offered, or who have refused to offer, their services to the Government. We are always ready and eager to correct such mistakes when they are brought to our notice, and a very serious mistake has just been pointed out. In our July issue the name of Dr. John C. Murphy is noted as having died in the service and in another column the same name is marked as having declined a commission in the M. R. C. The address of the one was given as Burlington and of the other as Richmond. It seems that these are the same person. The name of Dr. John C. Murphy is therefore removed from the list of those who have refused a commission and retained at the head of the Honor List, where it stands as yet alone, as the name of the only physician in the State who has won the ultimate prize of patriotism. Dr. John C. Murphy died at Fort Ethan Allen of haemorrhage following an attack of Acute Septic Tonsilitis. No reproach may be allowed to rest upon his memory. Honor to Dr. John C. Murphy.

PHARMACISTS IN THE ARMY

A year ago Representative Edmonds of Pennsylvania introduced a bill in the House to provide a pharmacal Corps in the Medical Department of the army. Several of our exchanges have in recent issues commended the bill and we have no hesitation in adding our commendation to theirs. It is certainly unwise to place the preparation and distribution of medical supplies in the hands of untrained orderlies taken at a hazard from the ranks, and it is certainly inexpedient to detail members of the Medical Corps to perform that work when their services are so imperatively needed for more professional duties. In the Marine Corps there is a body of skilled pharmacists enrolled in the Hospital Corps, and in the Navy there has always existed such a body, although not, we believe, organized as such. Still, if organization will increase their usefulness, so be it.

The bill calls for one pharmacist director with the rank of major, five deputy pharmacist directors with the rank of captain, pharmacists with the rank of lieutenant, and pharmacist apprentices

with no specified rank but with a hope of indefinite promotion.

When we reached this point in the bill we began to wonder what would be the duties of a pharmacist director with the rank of major. What in the world could he do to earn his money? A pharmacist director with the rank of major must surely have some function besides that of a speaking trumpet to transmit orders from the medical staff to the deputy pharmacist directors with the rank of captain, and so on down the line. But our perplexity was solved by reading section 4 of the bill. So far from being a mere transmitter, the pharmacist director with the rank of major will be the busiest man in the American Army, Navy, Marine Corps, Public Health Service, and our island possessions. Read his duties.

SEC. 4. That the pharmacist director shall be a graduate of a reputable school of pharmacy, have had not less than five years of pharmaceutical experience, and have established a creditable record in the profession of pharmacy.

The duties of the pharmacist director shall include the following: To have supervision over the Army Pharmaceutical Corps; to see that discipline is maintained and duties are efficiently performed; to formulate rules and regulations subject to the approval of the Surgeon General, for co-ordinating the work of the Pharmaceutical Corps with the duties of the other branches of the Medical Department; to approve all contracts for supplies procured by the corps; to inspect, either in person or by deputy, all deliveries of supplies and pass upon the purity and quality thereof, and compliance with specifications and the acceptance or rejection; to have the authority to inspect the manufacture of such supplies, and to direct their manufacture in any factory or laboratory that may be taken over by the Government, or that may be established by the Government, for their production; to establish standards for supplies of non-official drugs, chemicals and preparations, and, where feasible, prescribe the methods of assay for these; to publish, with the approval of the Surgeon General, formulas for non-official preparations, re-agents and tests used in the Army Medical Department, and all formulas so published shall be authoritative in the Army Medical Department; to recommend alternates or substitutes for proprietary expensive, rare or unobtainable drugs or preparations; to prepare specifications and estimates for Army medical supplies; to pass upon requisitions for supplies; to provide regulations for the storage, safeguarding and preservation of Army medical supplies, and the distribution and issuing of such supplies; to see that accounts of the receipts and disbursements of all supplies are properly kept, with special records of the purchase and disposition of spirituous liquors and habit-forming drugs; to have inspections made of the medical supplies, and recommend appropriate disposition of condemned deteriorated or unreliable supplies; to preserve the files, correspondence and official records of the corps; to prepare a syllabus covering a systematic course of professional study to be followed by members of the Pharmaceutical Corps; to co-operate in the professional examinations of applicants for enlistment in the pharmaceutical service, or for promotion within the corps; to recommend transfer of members of the Pharmaceutical Corps and promotion for service or special recognition for distinguished service. He shall outline a course of instruction for pharmacists if an Army

pharmacist training school is established.

Major? The man ought to be a Field Marshal at the least; indeed, a special title or rank ought to be created for him, or on retiring some particular distinction should be conferred on him, marking him as something more than human. There is something heroic in even aspiring to such an office. And his subordinates with merely army rank, what shall they deserve? As Mr. Jourdain requested his dancing master to teach him how to make a bow to a marchioness, we will be equally uncertain in what manner worthily to return the salute of a pharmacist apprentice.

Aside from these tagrags and flummery, however, there ought to be a regular body of pharmacists in the army, and if this gingerbread-work will make them more useful, for Heaven's sake give it to them.

OUR VEGETARIAN ANCESTORS

We have received a gentle remonstrance from a correspondent who objects to the meat menus which we gave in the editorial of the June issue of VERMONT MEDICINE on the "Diet Cure of Cancer." Our friend was of the Doubtful Opinion that a portion of the menu card had been lost or suppressed and did not give an exact statement of the food of our ancestors. A manifest vegetarian himself, he thought that on such a diet as *that* the human race would be long since extinct. It is not our custom to take up much space in the journal for personal letters but his suspicion may perhaps be shared by others and we do not wish our reputation for accuracy to be impeached. We did not intend to exhaust our citations of meat dinners, and Pepys' account was so easily verifiable that we stopped there, but there is no lack of evidence to support his statement. Read the account of Trimalchio's banquet in Petronius Arbiter, if you can do so without too much suffering. In a footnote to Chap. XI, book V of his History of Rome Mommsen quotes from Macrobius the "bill of fare of the banquet which Mucius Lentulus Niger gave (in 63 B. C.) on entering on his pontificate, and of which the pontifices, Caesar included, the Vestal Virgins and some other priests and ladies nearly related to them partook. Before the dinner proper came sea-hedgehogs, fresh oysters ad libitum, large mussels, sphondyli, fieldfares with asparagus, fattened fowls, oyster and mussel pasties, black and white sea-acorns, sphondyli again, glycimarides (a kind of mussel) sea-nettles. beccaficoes, roe-ribs, boars' ribs, fowls dressed with flour, beccaficoes again, purple shellfish of two sorts. The dinner itself consisted of sows-udder, boar's head, fish-pasties, boar-pasties, ducks, boiled teals, hares, roasted fowls, starch pastry, Pontic pastry."

They ransacked the earth for expensive and rare foods. Peacocks from Samos, grouse from Phrygia, cranes from Melos, kids from Ambracia,—even to copy these lists of exotic edibles is wearysome. Let our unconvinced friends look them up. We have given the necessary references.

There has always been a dispute among Shakespearean scholars as to the date of Othello. Warburton, who is always wrong where he has any chance to be, maintains 1611 to be the date when it first appeared. Other dates are given by other Shakespeare students. But we happen to have a series of papers called the "Egerton Papers" and published by the Camden society in which,

under the date of August 1602, we find that £63, 18s and 10d were paid "Burbidge's players" for playing Othello before the Queen at Harefield. Elizabeth stayed at Harefield on this occasion for three days as the guest of Lord Keeper Ellesmere and as a necessary provision of food for this three days visit we find recorded in the Egerton papers, as quoted by Lord Campbell in his "Lives of the Lord Chancellors," four or five deer, two oxen, lobsters, prawns, trouts, breames, partridges, pheasants, quails, swans, gulls, pullets, pigeons, herons, sturgeon, and a dozen other varieties of fish, flesh and fowl, but not a vegetable is mentioned.

Indeed many of our most valuable kinds of vegetable food were unknown to our ancestors. The potato had been introduced into England eighteen years before Queen Elizabeth's visit to Harefield but it was not until two centuries after her death that its value was recognized and its use general. Tomatoes were entirely unknown as a food. Corn was practically as yet unknown, and the measly little chickpeas were quite properly despised. Everybody remembers Dr. Johnson's quip on oatmeal as a grain that was eaten by horses in England and by men in Scotland, and in fact the prevalent food theory was that, outside of bread, all vegetable food must be elaborated into animal food before it could acquire those properties which would be suitable for human beings. What those properties were was of course then absolutely unknown.

Outside of the vegetarian theory of Pythagoras which was considered as a council of perfection and scarcely suited to actual men and women, we may perhaps form an idea of the attitude of the ancients toward vegetable food from an epigram in the Anthology with which we will conclude.

"As if he had sacrificed a garden, Apolles placed before me a supper, thinking he was feeding sheep instead of friends. There was turnip, succory, fenugreek, lettuce, leeks, bulbs, sweet-smelling basil, rue, asparagus. And fearing lest after this he would place before me fodder, I fled after supping on half-boiled lupines."

COMPARATIVE MORTALITIES

In the dryest of statistical reports there is always some juice and in the *Public Health Reports* there is usually much that is quite worth while. In eight state reports for May 1918, we count up a total of 1287 cases of smallpox with only one recorded death. In Michigan, out of 421 cases, 330 had never been vaccinated while in 81 more the vaccination history was uncertain; in New York, out of 92 cases, 78 were never vaccinated and in 7 the history was uncertain; in California, out of 172 cases 165 were unvaccinated. It is probable that the type of the disease has changed from the time when it devastated Europe year after year for a thousand years and destroyed 200,000,000 people. One death out of 1287 cases seems scarcely worth troubling about. So, ten years ago we thought of typhus fever that it would never again figure in our vital statistics. Yet we remember how it awoke in renewed virulence in Poland and Serbia after their conquest by Germany and has since then spread abroad. But its home and hearth is still in Poland. During the first ten weeks of this year, there were 8,403 cases in Poland with 315 deaths. Who can be sure that a new development of virulence may

not attend smallpox as it has typhus fever. The best time to put an end to smallpox is while it is running such a mild course.

Typhoid fever too while it has been practically eradicated from the armies, yet presents an undiminished threat to civil life. In California there were 118 cases in May; in Louisiana, 157 cases; in New York, 138 cases. At that rate the number of typhoid cases in the United States would be 79,296. Really, the army is about the safest place in the world and life insurance companies ought to invite soldier risks.

In the Philippine Islands there were 3,032 cases of Cholera with 2,101 deaths during the six months ending June 28, 1918 while during the preceding period of the same length there were 5,964 cases with 3,655 deaths.

In India, the plague holds uninterrupted court. During January and February out of 276,768 cases there were 221,858 deaths; during March the cases were 139,832 and the deaths 112,472, which is to say that a number equivalant to twelve and a half divisions of infantry were killed by the plague during the first three months of the year 1918 in India. And these deaths were perfectly useless. They advanced no human cause, they effected nothing, they proved nothing except the criminal neglegence of their rulers, and they died as the sheep die. The yearly rate would be 1,337,320 lives, which is to say that an army larger than the total sum of English soldiers that have been engaged in the war, has perished utterly of a preventable disease in a single province, since the war began. There's quite a lot of juice in these statistics when you come to squeeze them, and in this place we have been content with a very little squeeze.

VERMONT IN THE M. R. C.

Reasonably well convinced that the published records of service failed to give a just idea of Vermont's offering to the M. R. C., we have carefully gone over the list sent us by Dr. Beecher. It results that of the 658 physicians in Vermont, 150 are beyond the age of service, and of the 508 who remain available on the score of age 151 are actually in the service. This is approximately 30% of all within the age limit and of these there are some who have been found physically disqualified for service. Vermont, then, holds a higher place by far than appears from the list as published in the *Journal of the A. M. A.* For the honor of the state we wish these facts to be known.

MOVABLE QUARANTINE

In the Middle Ages lepers were required by law to carry a bell and clapper to warn people whom they might meet to beware of coming in contact with them. In Virginia the State Board of Health has authorized the wearing of green arm-bands by children with whooping cough with a view to preventing the spread of the disease. In this way it is thought that children with whooping cough may be able to get fresh air without danger to others. Nil novi sub sole.

Current Comment

Bulletin of the Vermont State Board of Health.

The June Quarterly Bulletin of the Vermont State Board of Health addresses itself to its mailing list as desirous of determining the number receiving this pamphlet who actually appreciate its worth. This is in the interest of reducing unnecessary expense in mailing undesired copies. While there may be those who do not appreciate its worth it would seem that there will be but few who will choose to have its quarterly visits discontinued. Though of especial interest to Health Officers there is much information of use to physicians in general, as might be instanced in the present issue of Dr. Amoss' Catechism on Infantile Paralysis. It would be well if every physician in Vermont would procure a copy and study carefully.

PREOPERATIVE PURGATION

The recent communication by Peet in *The Journal,* relating to the subject of catharsis before surgical operations, supplements the contentions of Alvarez of the Hooper Foundation for Medical Research that purgation as a routine preoperative procedure should be abolished. In his studies on the intestine, Alvarez had noted that after vigorous catharsis the isolated musculature is no longer as responsive as normally to stimuli and is fatigued with greater readiness. The bowel as a whole may become unduly filled with gas and fluid, the circulation of the intestine somewhat impaired, and the peristalsis deviated from its usual manifestations. In this way it was believed that much of the gas distention, post-operative ileus, and perhaps the nausea and vomiting may be partially accounted for in patients who have undergone surgical operations.

Peet has accentuated the difficulty thus encountered by asking what is expected to be gained through the preparatory evacuation. We suspect that most surgeons would be compelled to answer this query either by a meaningless platitude or by a confession of ignorance. The evidence for a need of or advantage in the customary "emptying" of the bowel by laxatives is, indeed, not easy to find. Sterilization of the interior of the intestine is out of the question as a practical possibility, and there is little indication that anything seriously toxic is removed by such catharsis. On the other hand, it is not unlikely, in view of these studies, that this procedure, attended by fatigue, and often by loss of sleep, is a positive detriment to the patient and an actual cause of some of the familiar postoperative discomfort, if this mild term sufficiently designates the distress referred to. Peet significantly comments on the uneventful convalescence of patients after emergency operations for which no preliminary therapy was instituted.

A further item is worthy of consideration in this connection. Catharsis leads to loss of water and intestinal secretion. If this is not compensated there may be distress from this cause. Crile has lately remarked, in reference to postoperative feeding, that even at this stage of medical knowledge the supreme value of water is not fully appreciated and its administration is often neglected or mismanaged. How much more serious is this incrimination when preoperative losses are freely in-

duced by purgation. At most, therefore, Peet recommends simple enemas as a means of emptying the bowel before operation. If his contention is correct that, where the more drastic habitual procedure is abandoned, postoperative thirst, nausea and vomiting, abdominal distress and gas pains occur much less frequently, the appeal to abolish something sanctioned by custom deserves to be heeded.—*Jour. A. M. A.*, July 27, 1918.

PHYSICAL EXAMINATION UNDER THE SELECTIVE SERVICE.

One of the most practical series of meetings at the last annual session of the American Medical Association was that on physical examination of registrants. The first instalment of the report of these meetings appears in this issue of *The Journal*. The account should be, and we have no doubt will prove to be, of great interest to every one of the 25,000 physicians directly connected with the work, either as members of the local, of the district appeal, or of the medical advisory boards. They should also be of interest to the camp surgeons to whom the men examined and passed by these boards are sent for final decision as to their physical fitness for military service. Most important, as pointed out by Dr. James B. Herrick, is the necessity of considering every man, not only from the standpoint of the specialist, but also wholly from the point of view as to whether or not he is of the type to make a good soldier. The address of Colonel Billings, as medical aide of the Provost-Marshal, traced the development of the various standards of physical examination which have guided physicians in this work; Mr. Graham Taylor brought out the civilian's point of view; and Col. James Phelan of Camp Grant, the difficulties which the camp surgeon encounters when he makes the final decision on the material sent to him by the selective service boards. Finally, Lieut.-Col. J. S. Easby-Smith, representing Provost Marshal-General Crowder, outlined in systematic manner the method of operation of the selective service law, the development of the regulations and the application of the regulations to individual cases. He brought to those present the thanks of the Provost-Marshal for the invaluable work of the medical profession which, as much as any other thing, has made the National Army possible. In next week's issue will appear numerous questions asked Colonel Easby-Smith by those in attendance, together with the lucid explanations and answers which he gave to the questions. These will aid many local, district appeal and advisory boards in making a decision which heretofore must have been made with considerable doubt and hesitancy. The review of these meetings indicates beyond question that in their scope, in their service and in their benefit to the country they were a most valuable feature of the scientific assembly.—*Jour. A. M. A.*, July 6, 1918.

MAILING YOURSELF MONEY

Every time you stick a Thrift or War Savings Stamp on your card you are mailing money to yourself to be received later with interest. Cashing in these stamps is going to be better than "getting money from home" for with the money comes the remainder that you contributed to the great victory which then will have been completely won.

The War

GOVERNMENT CONTROL OF THE DOCTORS

Recently an Associated Press news item sounds a note of either warning or alarm to the physicians of America. Surgeon General Gorgas, having so far been unable to secure a sufficient number of doctors to care for the incoming army of the next few weeks, proposes Government control, providing a suitable number of enlistments are not immediately forthcoming. This warning note should stimulate the enlistment of every physician available throughout the land for if not heeded it becomes one of alarm, and coincidently one of chagrin to the professions at large. Many of our leading men have firmly held that it would not be necessary to institute a draft, or anything like it, for the mobilization of the Medical Profession. Past enlistments do not seem to have substantiated such a claim. Except for the almost universal recent graduate applicants commissions have been applied for by the older doctors rather than by those more recently established in practice. Fewer men from the larger cities, in proportion to population served, accept commissions than do those in other localities. Two or three causes may be suggested for this rather unexpected situation. First the older physician, no more patriotic than his younger associate, is better able financially to withdraw from his practice or leave it to an able assistant. The newly established man has frequently incurred an indebtedness not only to gain his professional education but in addition has necessarily incurred a second one to gain a foothold in his life's work. Accordingly he feels he is unable to answer his call, the second and perhaps more potent cause for his apparent reluctance to serve his country. Another, but almost untenable one, is that the latter is not as patriotic as his older associate.

ARE YOU ONE?

There are numerous physicians who have responded to appeals for enlistment in the Medical Reserve Corps with the answer, "I will go when I am needed." The time is right here NOW when if these meant what they said, they must make good. *Every man who is physically and professionally fit for army service is needed in the reserve corps right now.* So says the Surgeon-General, and so say all who are in position to know.

Our men are pouring into the battle areas of Europe and into the concentration and training camps of this country. The Hun is beginning his supreme effort and evidently has the strength to keep going for a long time; his U-boats are striking down our ships this very day at the very mouths of our harbors, as well as in European waters; his minions are bombing the hospitals behind the lines; our own troops that have through the fortune of war fallen into his hands are being starved and abused in the prison camps of the barbarian. For our own sake, as well as for the sake of other civilized nations, we must handle the Hun, and we are going to do that thing IF our troops are properly cared for. They cannot be properly cared for unless there shall be enough medical officers.

Are you one of those who have said, "I will go when I am needed." If you are, sign your application blank today and report to the nearest examiner, for you are needed now.—Tenn. Med. Jour.

MEDICAL FEATURES OF THE ARMY APPROPRIATION BILL

The Army Appropriation Bill passed the Senate, Saturday, June 29. It is now in the House with good prospects for its passage. The bill, although nominally for the purpose of providing the sum of over $12,000,000,000 for the Army expenses for the fiscal year of 1918, carried with it numerous riders, some of which are of the greatest importance to medical officers. Two we quote:

Increased Rank for Medical Officers

The most important amendment, perhaps, is that providing increased rank for medical officers. Elsewhere appears a quotation of the statements made in the Senate by Senators McKellar, Owen and Penrose relative to this amendment. The amendment reads:

That the Medical Department of the Regular Army be, and is hereby, increased by one Assistant Surgeon-General, who shall have the rank of Major-General, and three Assistant Surgeons-General, who shall have the rank of Brigadier-General, all of whom shall be appointed from the Medical Corps of the Regular Army.

That the President may nominate and appoint in the Medical Department of the National Army, by and with the advice and consent of the Senate, from the Medical Reserve Corps of the Regular Army, not to exceed four Major-Generals and eight Brigadier-Generals for each 1,000,000 officers and enlisted men of the entire National Army.

That the commissioned officers of the Medical Corps of the Regular Army, none of whom shall have rank above that of Colonel, shall be proportionately distributed in the several grades as now provided by law.

That the commissioned officers of the Medical Reserve Corps of the Regular Army, none of whom shall have rank above that of Colonel, shall be proportionately distributed in the several grades as now provided by law for the Medical Corps of the Navy.

That the President may designate as "consultants" officers of either the Medical Corps or the Medical Reserve Corps and may relieve them as the interests of the service may require: Provided, That nothing in this act shall be held or construed so as to discharge any officer of the Regular Army or deprive him of a commission which he now holds therein.

Citizens Born in Germany or Austria May be Commissioned

Another amendment provides "That American citizens of Austrian or German birth, or who were born in alien enemy territory who have passed the necessary examination and whose loyalty is unquestioned, may in the discretion of the Commander-in-Chief of the Army and Navy, be commissioned in the United States Army or Navy.

PERSONNEL OF THE MEDICAL DEPARTMENT

For the week ending July 26, 1918, the personnel of the Medical Department of the Army included:

MEDICAL CORPS: 929, including 1 major-general, 65 colonels, 112 lieutenant-colonels, 296 majors and 455 lieutenants.

MEDICAL RESERVE CORPS: 22,149, including 1,502 majors, 6,506 captains and 14,141 lieutenants. On active duty: 20,381, including 1,428 majors, 6,022 captains and 12,931 lieutenants.

MEDICAL CORPS, NATIONAL GUARD: 1,199, including 22 lieutenant-colonels, 264 majors, 256 captains and 657 lieutenants.

MEDICAL CORPS, NATIONAL ARMY: 360, including 6 brigadier-generals, 86 colonels, 258 lieutenant-colonels, 9 majors and 1 captain. Total, 24,637.

LIEUT. JOHN P. KERRIGAN SEVERELY WOUNDED

First Lieut. John P. Kerrigan of West Rutland, a member of the medical reserve, was severely wounded in action in France on June 22, according to a tele-

gram received by the young soldier's parents, Mr. and Mrs. P. F. Kerrigan. He was born in West Rutland and is 27 years old. He received his education in the West Rutland schools and Rutland high school, graduating from the latter institution in the class of 1911.

His medical education was received at Atlanta, Ga., and Chicago, receiving his degree in the latter city. He later spent a year in the Tufts medical school. He also was for a time on the staff of the Carney hospital, Boston.

He enlisted in the medical reserve on December 23, 1917, and was called into service on April 19 of this year, being assigned to duty at Fort Oglethorpe, Ga., later being transferred to Camp Mills, N. Y. He went over-seas early in June.

Lieut. Kerrigan is the first medical officer from this section to be reported severely wounded.

ENROLLMENT OF PHYSICIANS

1. On August 8th the following statement was authorized by the War Department, signed by Newton D. Baker, Secretary of War:

"The War Department today has suspended further volunteering and the receipt of candidates for officers' training camps from civil life. This suspension will remain in force until the legislation now pending before the Congress with regard to draft ages is disposed of and suitable regulations drawn up to cover the operation of the selective system under the new law. * * * * "

Fearing that this order might be misinterpreted by doctors who would not distinguish between enlistment as a private soldier and enrollment as an officer in the Medical Reserve Corps, on August 9th I asked the Secretary of War to issue a statement making clear this point.

2. In response to this request on August 10th the following statement was authorized by the War and Navy Departments:

"Orders issued by the War and Navy Departments on August 8th suspending further volunteering and the receipt of candidates for officers' training camps from civil life do not apply to the enrollment of physicians in the Medical Reserve Corps of the Army and the Reserve Force of the Navy. It is the desire of both departments that the enrollment of physicians should continue as actively as before so that the needs of both services may be effectively met.

(Signed) JOSEPHUS DANIELS,
Secretary of the Navy.
(Signed) NEWTON D. BAKER,
Secretary of War."

3. It is desirable that the definite attention of the medical profession be called to this interpretation in order that enrollment for the Medical Reserve Corps of the Army and the Reserve Force of the Navy which is going on so rapidly at the present time, shall not be interrupted.

FRANKLIN MARTIN,
Chairman, General Medical Board.

HAS A REST NOW AND THEN

Hospital Visitor—"Don't you find the day pass very slowly and wearisome?"

Wounded Soldier—"Not always. They don't let visitors in every day."—*London Tit-Bits.*

Volunteer Medical Service Corps

Various state medical societies have attempted within the past year to effect some form of service, auxiliary to the M. R. C., which would enroll those who by reason of age, physical disqualifications, or special home duties, are prevented from active military service. California, early this spring, was one of the first states to develop an effective organization. The movement has already grown from one of local state interest to one of national importance. The effort is now being carried on in the different states through the medium of the Medical Section of the Committee on National Defense. The existence of such an organization is now known to every physician throughout Vermont because within the past few weeks Dr. C. H. Beecher of Burlington, Secretary of the Medical Section, State Committee on National Defense, has mailed to every physician in the State an application blank for enrollment. Vermont physicians are always anxious to do their part and should take advantage of the opportunty offered of expressing their willingness to do whatever the Government might indicate as being of especial assistance. Our particular duty just now is to fill out the blank we have received and return it at once to Dr. Beecher. If a physician is already a commissioned officer in the M. R. C. he should write this fact across the blank and return it. All others, not now commissioned, are earnestly requested to fill out the blank in detail. The essential point is that everyone should fill out the blank in detail and return it. DO IT NOW.

Some have questioned the full import of the movement and in order that such may have a better understanding the Rules of Organization are herewith appended.

RULES OF ORGANIZATION

I. *Name.*—The name of the organization shall be the Volunteer Medical Service Corps of the United States.

II. *Object.*—(1) The object of the Corps shall be to establish an emergency medical organization to perform, when required, such civic and military duties as are not provided for.

(2) Services of members will be called for and rendered in response to requests to a Central Governing Board from the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service, the General Medical Board of the Council of National Defense, or from other duly authorized departments or associations.

III. *The Corps.*—The Corps shall consist of all members of the organization. The general management of the Corps shall be vested in a Central Governing Board.

IV. *Central Governing Board.*—The Central Governing Board shall be a committee of the General Medical Board, Council of National Defense.

V. *Officers.*—The officers of the Corps shall be a president, a vice-president, and a secretary, and shall be appointed from among the members of the Central Governing Board. These officers shall constitute the executive committee of the Central Governing Board, and shall direct the activities of the Corps.

VI. *State Governing Boards.*—(1) The State Governing Boards shall consist of the members of the State Committees, Medical Section, Council of National Defense. The State Committees shall select, subject to the approval of the Central Governing Board, five of their members who are eligible for election in this Corps to act as the executive committee of the Volunteer Medical Service Corps in the respective States.

(2) The duties of the executive committee of the State Governing Board shall be to consider applications for membership in the Corps from the respective States and to submit recommendations regarding these applications to the Central Governing Board.

(3) The State Governing Board shall aid in the work of the executive committee and perform such other duties as may hereafter be deemed essential by the Central Governing Board to accomplish the purpose for which the Corps was created.

VII. *Membership.*—(1) Such Physicians shall be eligible for membership in this Corps as would be accepted in the Medical Reserve Corps were it not for—

(*a*) Physical disability.
(*b*) Over age (55).
(*c*) Essential public need.
(*d*) Essential institutional need.
(*e*) Dependents.

(2) Women physicians are eligible.

(3) Application for membership in the Volunteer Medical Service Corps shall be made upon blanks furnished for that purpose by the Central Governing Board. The completed form shall be returned to the Central Governing Board for proper classification according to training and special fitness.

VIII. *Method of Election.*—(1) The members of the Corps shall be graduates in medicine who are licensed to practice medicine in their respective States, who have made application for membership, who meet the qualification requirements that are now or shall from time to time be established by the Central Governing Board, and who shall be elected to membership by the Central Governing Board.

(2) Each physician elected to membership in the Corps shall be designated as a member of the Volunteer Medical Service Corps.

(3) It shall be the duty of each member of the Volunteer Medical Service Corps to notify the Central Governing Board when eligibility to the Corps ceases to exist.

IX. *Insignia.*—(1) Members of the Corps shall be authorized and encouraged to wear the insignia of the Corps.

(2) The insignia may be secured by members of the Corps under such regulations as may be determined upon by the Central Governing Board.

(3) The insignia shall not be loaned to any person not a member of the Corps, nor shall it be worn after notification that eligibility to the Volunteer Medical Service Corps has ceased to exist.

X. Any member of the Corps may be expelled for conduct which, in the opinion of the Central Governing Board, is derogatory to the dignity of the Corps or inconsistent with its purposes.

XI. *Authorization.*—The organization and insignia have been authorized by the Council of National Defense.

A CALL TO DUTY.

From the battle fields in France there comes an unspoken call that should find an answer in every American's heart. The recent great events in Europe, the successes of American arms on the fields of France should spur every American to greater effort.

Our people at home should not rest on the laurels of our soldiers in France. Every death on the field of honor in the line of duty and for our country's cause should be a call to us for every sacrifice and every exertion to aid the cause for which our soldiers are fighting, for which our soldiers have died.

Increase production, decrease consumption, save, and lend to the Government. Every cent lent to the United States is used to support, strengthen, and aid our soldiers in France.

YOU ARE DOING IT.

Every time you read, you purchasers of Liberty Bonds and War Savings Stamps, of what the United States is doing in France in building wharves and railroads, or deluging the Germans with gas or shelling them out of position with big guns or shrapnel, or of bombing their arsenals or cities, or of the great work of our Army and our Navy, or of the building of ships here, or of any or all of the great or small achievements of America, here or abroad or on the seas, you buyers of Liberty Bonds and War Savings Stamps truthfully can say, "I had a hand in this"; "I contributed to this"; "I am helping do this"; "It is part of my work."

In Silent Salute to Those Who Have Made the Supreme Sacrifice

1st Lieutenant John C. Murphy, Burlington.

Honor Roll of Vermont Physicians in the Service of their Country.

Majors

Harry Leslie Frost, Williston, Orthopedic Surgeon, Camp Devens.

Thos. J. Hagan, M. C., Pittsford, N. G. A., 57th Pioneer Rgt., Spartanburg, S. C.

Horatio Nelson Jackson, Burlington, Senior Instructor, Medical Officers' Class, Camp Mead.

Wm. Hayes Mitchell, Shelburne, in France.

William Stickney, Rutland, in France.

Harry T. Summersgill, Bennington, Fort Oglethorpe, for instruction.

Edward A. Tobin, Bennington, Camp MacArthur, Waco, Texas.

Wm. Warren Townsend, Rutland, Duty, Hoboken, N. J.

Captains

Benjamin D. Adams, Burlington, Base Hospital, Camp Devens.

Frank C. Angell, Randolph, in France.

Geo. Lucien Bates, Morrisville, Camp Dodge.

Nathan Renwick Caldwell, Groton, Fort Oglethorpe.

Thomas Stephen Brown, Burlington, inactive list.

Geo. E. Chamberlain, So. Newbury, Vt., physically disabled.

Judson H. Cole, Bennington, inactive list.

Henry L. Crahan, Rutland, New Haven, Conn.

Nicholas James Delehanty, Rutland, Indianapolis, Ind.

Frederick Elsworth Clark, Burlington, Hoboken, N. J.

Alan D. Finlayson, Burlington, Camp Joseph E. Johnston.

Frank Leslie Gilbert, Grafton, in France.

Stewart L. Goodrich, Waterbury, Camp Dix, Wrightstown, N. J.

James Madison Hamilton, Rutland, Fort Williams, Me.

Herbert Bill Hanson, Montpelier, Camp Grant, Rockford, Ill.

Warren J. Howard, Waitsfield, Fort Oglethorpe.

Henry Chester Jackson, Woodstock, Fort Riley.

Arthur Leo Larner, Burlington, Fort Worth, Texas.

William E. Lazell, Barre, Base Hospital, Camp Lee, Petersburg, Va.
Charles Emerson Libbey, Danville, Camp Taylor.
Geo. Guerin Marshall, Rutland, Balboa Heights, Panama.
Seth Hunter Martin, Alburg, Camp Greene, Charlotte, S. C.
Stoddard S. Martin, Windsor, Fort Oglethorpe.
Edward Francis Murray, Burlington, Camp Pike.
George Herbert Newton, Cambridge, Camp Sevier, Greenville, S. C.
John R. Platton, Fairfield, Hoboken, N. J.
Thomas Rice, Brattleboro, Camp Lee.
William Reynolds Patton, Fairfield.
George Albert Russell, Arlington, in France.
William B. Porter, Richmond, Camp Lee, Petersburg, Va.
Geo. Roberts, Chester, Base Hospital. Fort Oglethorpe.
Simeon Gould Start, Cambridge, Fort Oglethorpe.
Herbert Wellington Taylor, Brattleboro, in France.
Emmus G. Twitchell, Burlington, Fort Oglethorpe.
Walter James White, Middlebury, Hoboken, N. J.

First Lieutenants

Fred Noble Aldrich, Derby, in France.
Robert Oscar Blood, Newbury.
Windsor DeForest Bowen, Saxtons River, Base Hospital, Camp Upton.
David R. Brown, Lyndonville, Fort Oglethorpe.
Charles Evans Buchanan, Felchville, inactive list.
Percy Erastus Buck, Glover, Newport News, Va.
Sidney M. Bunker, Burlington, Camp Kearny, Linda Vista, Calif.
Arthur Washington Burnham, Norwich.
John Marie Caisse, Swanton, Camp Laurel.
Luther John Callahan, Manchester, in France.
Mitchell D. Carey, Montpelier, Fort Oglethorpe.
Charles Porter Chandler, Montpelier, Fort Benjamin Harrison.
Maurice L. Cheney, Lyndonville, Fort Oglethorpe.
Joseph A. Ciminera, Burlington, Fort Oglethorpe.
Bernie Dennis Colby, Sudbury, Fort Oglethorpe.
Sherwin Aldrich Cootey, Wallingford, Fort Oglethorpe.
Albion A. Cross, Williamstown, Camp Forrest, Chicamauga Park, Ga.
Julius E. Dewey, Montpelier, Camp Sherman.
Frank Henry Everett, Castleton, Camp Hancock.
Edward V. Farrell, Danby, Base Hospital, Camp Upton.
Rowley S. Flagg, No. Troy, Gettysburg, Pa.
Chas. F. Fleming, W. Rutland, inactive list.
Allston L. Fogg, Underhill, Fort Leavenworth, Kan.
William Arthur Flood, North Bennington, Hoboken, N. J.
Barnet Frank, Burlington, Camp Dix, Wrightstown, N. J.
Clarence L. Gannon, Burlington, Fort Oglethrope.
Victor Patrick Genge, Newport, in France.
Bert D. George, Hardwick, Fort Oglethorpe.
Albert Joseph Greenwood, Springfield.
George G. Hall, Woodbury, Hoboken, N. J.
Hugh Henry Hanrahan, Rutland, Camp Jackson, Columbia, S. C.
John W. Harvey, Camp Dix.
F. R. Hastings, Barton, in Canadian Army.
Byron Harry Hermann, St. Albans.
Frederick W. Harriman, Montpelier, Fort Oglethorpe.
Arthur Hooks, Blackstone, Philippine Dept.
Anselme Ephrem Houle, Bennington, Camp Mead.
John A. Hunter, Burlington, Fort Oglethorpe.
John P. Kerrigan, Ludlow, in France.
William Orrin Hutchinson, Washington, Fort Oglethorpe.
Roy Chase Jackson, Brattleboro.
John P. Kerrigan, Ludlow, Fort Oglethorpe.
Albert Clark Kinney, E. Hardwick, Army Medical School, Washington.
Charles W. Kidder, Woodstock, Fort Oglethorpe.
Harry Hitchcock Lawrence, Springfield, Base Hospital, Camp Hancock.
Geo. Eugene Latour, Burlington, Camp Custer, Battle Creek, Mich.
James L. Lovejoy, Manchester, Camp Lee, Petersburg, Va.
Robert Leland Maynard, Burlington, Base Hospital No. 116, New York City.
Louis F. McCarthy, Fort Monroe.
James McN. Fadsley, Falls Church, Fort Oglethorpe.
Donald Guy McIvor, Swanton, in France.

Walter Franklin McKenzie, Burlington, Camp Vail, Little Silver, N. J.

Sidney Mitchell, Jr., Richmond, Army Medical School for instruction.

Arthur Lionel Patch, Windham, inactive list.

Martin J. P. Paulsen, Winooski, Fort Oglethorpe.

Harold Stearns Peck, Rutland, in France.

Charles Norman Perkins, Burlington, Base Hospital, Camp Upton, L. I.

Douglas James Roberts, Burlington, Instructor in Roentgenology, Cornell Medical College.

Leonard Blake Rowe, Orwell, Newport News, Va.

George C. Rublee, Hardwick, Hoboken, N. J.

Dennis J. Shechan, St. Johnsbury, Fort Oglethorpe.

Walter D. Simmons, Richmond, Camp Lee, Petersburg, Va.

Chester Lewis Smart, Burlington, Fort Oglethorpe.

Clifton Henry Smith, West Rupert, Camp Jackson, Columbia, S. C.

Ray Ernest Smith, Rutland, in France.

Henry E. Somers, Newport, Orthopedic Surgery, Garden City, L. I.

Henry Eugene St. Antoine, Burlington, Jamaica Plain, Mass.

James L. Stringfellow, Norfolk, New Haven, Conn.

Walter Nale Squires, Burlington, inactive list.

Harold F. Taylor, Burlington, Fort McPherson, Ga.

John Patrick Tierney St. Johnsbury, Base Hospital, Camp Gordon.

John David Thomas, Pownal, Camp Devens.

Ray Brown Thomas, Enosburg Falls, Camp McClallen, Anniston, Ala.

Henry Latimer Tillotson, Groton, Commander-General, Northeastern Dept.

Joseph Arthur Wark, Barre, inactive list.

William Godfrey Watt, Vergennes, Army Medical School.

Henry Reuben Weston, Windsor, Base Hospital, Camp Lee.

John Brooks Wheeler, Burlington, Advisor to Governor of Vermont.

William Henry White, North Troy.

Claiborne Wilcox, Norfolk, Camp Leach, Washington, D. C.

Byron E. White, Brattleboro, Fort Oglethorpe.

Harold L. Williamson, Bristol, Fort Oglethorpe.

Rollin D. Worden, Montgomery, Camp Sherman.

Honorably Discharged on Account of Physical Disability

Lieut Francis J. Ennis.
Lieut. Waldo R. Harkness.
Lieut. Albert J. Greenwood.

Unclassified

Edward Anthony Flynn, Burlington.

Navy

Geo. Albert Alden, Burlington, Asst. Surgeon, U. S. N. Reserve.

Bertrand Fletcher Andrews, Burlington, Asst. Surgeon, U. S. N. Reserve.

Edward A. Crofutt, Poultney, Asst. Surgeon, U. S. N.

Frederick Henry Gebhardt, Rutland, Naval Training Station, Newport, R. I.

Ransom H. Holcomb, Burlington, Asst. Surgeon U. S. N. Reserve.

John Dowd Lane, Bennington, Asst. Surgeon U. S. N. Reserve.

Leland McKinlay, Burlington, Asst. Surgeon U. S. N. Reserve.

Charles Edward Morse, Rutland, Asst. Surgeon U. S. N. Reserve.

Italics indicate serving "overseas."

Information is requested that this roll may be kept as nearly correct as possible.

BUY W. S. S.

News Notes

T. B. PREVENTORIUM

Essex Center Refuge for Little Consumptives Now Open.

The new Preventorium at Essex Center, established by the Vermont Society for the Prevention of Tuberculosis, was opened for business Wednesday and by the end of the week it is expected that some, at least, of the dozen patients will have arrived.

The institution will be managed by the society who have engaged Mr. and Mrs. A. B. Enright for superintendent and matron, respectively.

The Preventorium has a capacity of 12 children between the ages of 6 and 14 years, and already there are twice as many applicants as there are accommodations.

As supplementing the work of the Vermont sanatorium at Pittsford it should render splendid service.

Dr. F. L. Hills, aged 48, of Pittsford died July 30th at New York City after an illness of several years.

He was born in the village of Schuyler Lake, N. Y., in 1870, was graduated at Cooperstown high school, and at the College of Physicians and Surgeons after which he immediately entered upon what has continued to be his life work, the treatment of nervous diseases, first at the Adams Nervine in Boston, later at the state hospital, Danvers, Mass.

In 1896 he married Josephine Gilbert of Pittsford and went to Concord, N. H., where he occupied the position of assistant superintendent for 10 years. Afterwards he was superintendent of the state sanatorium for tuberculosis at Rutland, Mass., for three years.

Dr. Hills resigned that position to accept the superintendency of the state hospital in Bangor, Me., where he remained for seven years until ill health compelled him to resign. He then came to Pittsford with his family, hoping to regain his health and strength among the mountains.

He leaves his wife and two children, Margaret Thorndike Hills and Frederick Gilbert Hills.

The funeral was held at his late home in Pittsford Thursday afternoon at 2 o'clock. Rev. E. P. Treat, pastor of the Congregational church, officiated.

Dr. Harry R. Ryan of Rutland who has been ill at the Rutland hospital for several weeks, recovering from a serious operation, recently left the hospital and is now convalescing at the Gilbert cottage, Putnam, N. Y.

Dr. J. W. Stewart of Barre has just received a commission as first lieutenant in the United States army and he has orders to report August 5 at the base hospital at Camp Gordon, Atlanta, Ga.

Dr. Frederick J. Russell, who recently resigned as superintendent of the state school for feeble minded at Brandon, which position he had held for the past three years, has accepted a position as superintendent of the state school for feeble minded at Letcherworth Village, N. Y., and expected to go there about August 1.

Lieut. Rollin D. Worden of the medical department of the army, stationed at Camp Sherman, O., is passing 10 days with Mrs. Worden at the home of her mother in Rutland.

Dr. Stodard S. Martin of Windsor, who has been commissioned a captain in the medical reserve corps and is to leave

Friday for Fort Oglethorpe, Ga., was given a reception at the Namco club July 22, and he was presented a wrist watch. The presentation was made by Dr. R. Halford Miner.

Of interest to the physicians of Vermont is the fact that Dr. W. B. Mayo of Northfield is democratic candidate for the office of Governor of the State of Vermont.

Dr. Truman J. Allen of Waterbury has been appointed by Judge Weeks as superintendent of the School for Feeble Minded at Brandon. It is certain that in such a position as that at Brandon requiring a large amount of sympathetic interest with the work in hand, it is most desirable to have a Vermonter in charge. Dr. Allen's experience as a physician, and as an institution man at the asylum in Waterbury should also prove valuable in making a success of his position at Brandon.

Mrs. G. G. Marshall and two daughters of Rutland left Aug. 6th to rejoin Capt. Marshall at Ancon, Panama.

A PRESCRIPTION.

How to Kill a County Society.

1. Don't come.
2. If you do come, come late.
3. If too wet or too dry, too hot or too cold, don't think of coming.
4. Kick if you are not appointed on a committee, and if you are appointed, never attend a meeting.
5. Don't have anything to say when you are called upon.
6. If you attend a meeting, find fault with the proceedings and work done by other members.
7. Hold back your dues, or don't pay them at all.
8. Never bring a friend ho you think might join the society.
9. Don't do anything more than you can possibly help to further the society's interests; then, when a few take off their coats and do things howl, "This society is run by a clique."

Excerpts from Other Journals

ESCAPE OF FOREIGN MATERIAL FROM THE UTERINE CAVITY INTO THE UTERINE VEINS.

Dr. John A. Sampson, Albany, N. Y.: A study of uteri in which the venous system has been injected with bismuth through the uterine and ovarian veins shows a rich venous plexus in the endometrium and also one in the myometrium, consisting of a peripheral and radial plexus. Arcuate veins between the two zones convey the venous blood to the uterine plexus between the layers of the broad ligament. Relatively large sinuses (receiving) radiate from the base of the endometrium into the myometrium, and convey the blood from the endometrial plexus into the deeper portion of the radial. If these receiving sinuses are exposed by removing the overlying endometrium, and the uterus is relaxed, thus holding the lumina of the receiving sinuses open, fluid and small solid material could easily escape from the uterine cavity into them and thence into the venous circulation outside the uterus. I believe that uterine contraction following relaxation, when there is obstruction in the cervical canal, and intra-uterine irrigation, may bring about increased pressure and force fluid, sterile or containing bacteria in suspension or placental cells, into the venous circulation, and that this is one way, and probably a frequent one, by which puerperal infection arises and placental cells reach the lungs.

DISCUSSION

Dr. George W. Kosmak, New York: The work of Dr. Sampson is a striking demonstration that we ought to stay out of the uterus as much as possible, because the invasion of this organ, particularly in the puerperal state and at other times, is attended with a great deal of danger. Observations that I made some years ago with reference to the extrusion of irrigating fluid through the fallopian tubes demonstrated this to me in a dramatic manner.

Dr. John O. Polak, Brooklyn: The demonstration of the protection of the endometrium against invasion from curetting the uterus is particularly impressive. Years ago we were taught not to operate during the menstrual

period; yet, in the hurry of hospital work, we have violated that rule. Dr. Sampson has given us a clear idea of why in some cases we get infection.

Dr. Thomas J. Watkins, Chicago: This paper is of great value in bringing before us positive evidence against curettage of the puerperal uterus, and this society should put itself on record against any such procedure. It is surprising and shocking that many men continue to curet and wash out the puerperal uterus. Dr. Sampson has presented an excellent argument against it. He emphasizes the danger of increasing infection by curettage, and especially increasing the dangers of doing hysterectomy a few days after the preliminary curettage.

Dr. J. Wesley Bovée, Washington, D. C.: The work of Dr. Sampson confirms what I have been doing in the last few years, namely, discarding frequent curettage, but, still clinging to the necessity of having to invade the uterine cavity, injecting iodin into it. In two specimens in which I injected iodin previous to removing the body of the uterus within ten days for gonorrheal infection, I found iodin in the blood channels in the uterine body, so that caused me to discard injections of iodin.

In *American Medicine* for June Dr. Charles J. Hastings of Toronto writes of milk.

Milk is the most valuable food we possess. It is indispensable for our infants, children and invalids. It is a vital necessity for the efficient development of our race. Milk and its products, such as butter, cream, cheese, ice cream, buttermilk and skimmilk, are among the most important articles used for human food and constitute over 16 per cent. of the food used by civilized man. Milk furnishes all the elements essential for the sustaining of life and the growth of the body, namely, the protein compounds, fats, carbohydrates and mineral matter.

It is worthy of note, however, that milk alone is not an economical food for adults as it does not contain a sufficient proportion of carbohydrates, but milk, with the addition of Cereals or bread, constitutes a perfectly mixed diet. All recognized authorities on dietetics and food values are a unit in the statement that milk is the most valuable single article of diet we have.

Even in these times of exorbitant prices for all foods, one recognizes when comparison is made, with other articles of food, the economy of a liberal supply of milk in our diet. For instance:

1 quart of milk (40 oz.) is equal in food value to 1 lb. of steak, or to 11 eggs, or to 3¾ lbs. of fresh cod fish, or to 1 lb. of loin of pork, or to 2½ lbs. of chicken.

When one considers the cost of these various meats at the present time, one can readily see, from an economic standpoint alone, why our milk supply should be maintained, and when we add to this the fact that in most institutions the cost of cooking and serving food is equal to, or greater than the cost of the food itself, the economy of milk as a food in such institutions is still more apparent.

Obviously then, milk is a food that we cannot afford to do without. It is a food that we must have.

Abbreviated Abstract from the *American Journal of Roentgenology* of Dr. E. L. Davis' article in the *J.A.M.A.* of May 25, '18, entitled The Roentgen Study of 1000 Chests at Camp Devens, Mass.

Having visited and seen some of Dr. Davis' work at Camp Devens, Mass., we feel impressed to use the greater portion of the abstract here. While Dr. Davis gives a very lucid pen description of the appearance of his roentgenograms it does not begin to convey to the mind the same impression as a view of his excellent plates affords.

His article deals with the X-Ray findings substantiated by pathological and clinical observations. All examinations were made either with Roentgenograms or Fluoroscope or both. The men examined varied between 21 and 30 years of age. Table No. 1 tabulates the diseases and numbers so examined.

Occurrence of Pulmonary Disorders

Individuals examined	1,259
No disease found	405
Tuberculosis	368
Chronic bronchitis	49
Bronchopneumonia	61
Lobar pneumonia	258
Fibrous pleurisy	124
Interlobar pleurisy	3
Pleurisy with effusion	25
Hydropneumothorax	3
Empyema	7

Emphysema	2
Enlarged mediastinal glands .	1

Dr. Davis claims that tuberculosis is demonstrable in its earliest stages but the accuracy of such an examination depends largely upon the careful technique and keenness of the interpreter. He also brings out some valuable data regarding the appearance of lobar pneumonia, calling especial attention to the constancy of an enlarged heart, regardless of the amount of lung involvement demonstrated, claiming that the toxemia produces this condition more directly than does the amount of direct lung embarrassment. He also shows that a bronchial pneumonia is more frequently unilateral than bilateral as previously supposed.

The original article should be read in detail by those caring for a description of the roentgenographic findings. A summary, however, of his conclusions is herewith appended as giving a fair idea of the scope and value of his article.

SUMMARY.

"*I Pulmonary Tuberculosis*—

1. Pulmonary tuberculosis is demonstrable on the roentgenogram even in its earliest stages. It is difficult to describe concisely the appearance of shadows that will enable the roentgenologist definitely to interpret active and inactive tuberculosis. One can only describe what in general is seen in well-defined cases. The specialist instinctively learns to detect these shadows by individual methods.

2. The lungs may be divided into three regions with regard to the occurrence of pulmonary tuberculosis: the upper region, in which tuberculosis is commonly found; the middle region, in which tuberculosis is sometimes found, and the lower region, in which tuberculosis is rarely found.

3. Consultation with conscientious clinicians has led to the conclusion that many cases of chronic fibroid tuberculosis give very indefinite, if any, physical signs.

"*II. Lobar Pneumonia*—

1. Lobar pneumonia and bronchopneumonia are easily distinguishable on the roentgenogram.

2. Lobar pneumonia gives the following roentgen signs.

(1). Vascular-lymphatic congestion in the upper lobes.

(2). Enlarged heart.

(3). Localized consolidation.

(4). High diaphragm.

3. Vascular-lymphatic thickening appears early and disappears early, though its occasional persistence may be confused with tuberculosis shadows.

4. Pneumococcemia shows definitely on the roentgenogram when there are symptoms of pneumonia without consolidation, suggesting that the seriousness of the attack depends more on the toxemia than on the extent of pulmonary involvement.

5. The heart is involved before definite signs of consolidation appear.

6. .The cardiac enlargement persists for some time after all signs of involvement of the lungs have disappeared.

7. Consolidation may begin at the roots or at the periphery.

8. High diaphragm on the affected side is suggestive, but cannot be considered a constant sign.

"*III. Bronchopneumonia*—

1. Bronchopneumonia is more commonly unilateral than bilateral.

2. The heart is usually not enlarged in bronchopneumonia.

3. Bronchopneumonia is often overlooked on physical examination, as the symptoms may be indefinite and noncharacteristic."

C. F. B.

SYPHILITIC LESIONS

A. L. Fisher, San Francisco, calls attention to the fact that there is a considerable number of syphilitic cases simulating tuberculosis and other bone and joint lesions that escape recognition, and, second, that there is a considerable number of cases of bone and joint syphilis that give negative Wassermann reactions. He has seen at least eighteen cases of these, some of them unmistakable syphilis, within the last year or two. Of the second group, the larger one numerically, the lesions were in and about the joints rather than in the shafts of the bone. Many of the patients had been in institutions or hospitals where their disease had been regarded as tuberculous and treated accordingly. Five cases selected at random are reported in the paper. He asks why we get so many negative Wassermann reactions in bone syphilis. The percentage cannot be given exactly, but it seems at least 10 per cent. Another point that

these cases emphasize is that fixation of syphilitic joints neither gives relief nor aids in the cure. Still another point is the large per cent. of children in these cases, eight out of eighteen or really eight out of fourteen under 10 years of age, quite a contrast to the ordinary teaching that syphilitic joints are not common in childhood. Another question that comes up is, What we are to consider as the most reliable test of syphilis. In his opinion it is unquestionably the therapeutic test, and he believes that this should never or almost never be omitted in trying to arrive at a conclusion regarding the nature of a chronic joint infection.

The value of the serum test in the diagnosis of syphilis is now universally admitted, and the fact that the reaction may be positive in the absence of this disease or negative in its presence does not detract from its practical value. It is also well recognized that more negative reactions occur in the presence of syphilis than positive reactions in its absence, and this is true especially in the obscure so-called parasyphilitic cases, as has been demonstrated not only by the other reactions, such as the gold chloride test, but also by the post-mortem findings.

"OASES IN THE NATIONAL DESERT"

To the Editor:—Your editorial comment in *The Journal*, July 20, "Oases in the National Desert" seems especially pat here, as our town has just buried a man who bought six bottles of a beef, iron and wine preparation (19 per cent. alcohol), went up the river with a comrade in a boat and did not return until the river had been dragged for some eight or ten hours. If our government desires to make effective prohibition of alcoholic liquors for conservation of food or other reasons, it would seem that it must take into consideration the "patent medicine" evil.

H. H. LOVELAND, M.D., Republic, Mich.

GATHERING NEWS.

The interviewed—Yes, I lost my husband in the disaster.

The interviewer—Total loss, or was he insured?—*Judge.*

From the Council of Pharmacy and Chemistry

In as much as no new drugs were accepted by the Council on Pharmacy and Chemistry during July, opportunity is here taken to call attention to the Annual Reprint of the Reports of the Council on Pharmacy and Chemistry of the American Medical Association for 1917. Cloth. Price, postpaid, 50 cents. Pp. 169. Chicago: American Medical Association, 1918.

This volume contains the reports of the Council which were adopted and authorized for publication during 1917. It includes reports of the council previously published in *The Journal of the American Medical Association* and also reports which, because of their highly technical character or of their lesser importance, were not published in *The Journal.*

In this volume the Council discusses the articles which were examined and found to be in conflict with the rules for admission to New and Non-official Remedies. Among these reports are discussions of such widely advertised proprietaries as Corpora Lutea (Soluble Extract), Wheeler's Tissue Phosphates, The Russell Emulsion and The Russell Prepared Green Bone, Trimethol, Eskay's Neuro Phosphates, K-Y Lubricating Jelly, Ziratol, Hepatico Tablets, Hemo-Therapin, Venosal, Surgodine and Kalak water. A report on Iodeol and Iodagol covers 51 pages and illustrates the exhaustive investigation which the Council is often obliged to make of proprietary articles. Similarly illustrative of the Council's thoroughness is the clinical study of Biniodol, a solution of mercuric iodid in oil, and the investigation of Secretin-Beveridge, made for the Council by the physiologist, Professor Carlson, of the University of Chicago. The volume also contains reports which explain why certain preparations, such as Alcresta Ipecac tablets, the German-made biologic products and anti-staphylococcus serum, which were described in the last edition of New and non-official Remedies, are not contained in the current 1918 edition. Those who wish to be informed in regard to proprietary remedies should have both the annual Council Reports and New and Non-official Remedies.

New and Non-official Remedies, 1918, containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1918. Cloth. Price, postpaid, $1. Pp. 452 + 26. Chicago: American Medical Association, 1918.

This annual should be in the office of every physician. It lists and describes all those proprietary remedies which the Council on Pharmacy and Chemistry has examined and found worthy of the confidence of the medical profession; that is, articles the composition of which is disclosed, which are exploited truthfully and which give promise of some probable therapeutic value. The description of each article aims to furnish a statement of its therapeutic value and uses, its dosage and method of administration as well as tests for the determination of its identity and quality. Articles of similar composition are grouped together and in most cases each group is accompanied by a general article which compares the members of a group with each other and with the established drugs which they are intended to replace. The description of the individual articles and the general discussions are written by experts and furnish information of a trustworthiness unsurpassed by any other publication. The book is especially valuable to the busy physician who desires a concise and up-to-date discussion of such subjects as digitalis therapy, the newer solutions for wound sterilizations, iron therapy, food for diabetics, the value of sour milk therapy and of the bulgarian bacillus, the use of radium externally and internally, of arsphenamine (salvarsan, arsenobenzol, diarsenol) and neoarsphenamine (neosalvarsan, neodiarsenol), of local anesthetics, and other advances in therapeutics.

In addition to this annual issue of the book, supplements are sent from time to time to purchasers. With this volume for ready reference, the physician will be able to determine which of the proprietary remedies that are brought to his notice deserve serious consideration. At least he will be justified to subject to close scrutiny those which have not met the requirements for acceptance for New and Non-official Remedies.

The book is sent, postpaid, for one dollar. Address the American Medical Association, 535 North Dearborn Street, Chicago.

NEW AND NON-OFFICIAL REMEDIES

Chlorine Soda Ampules.—Composed of a sealed glass tube stated to contain 4.8 Gm. liquid chlorine and a sealed glass tube stated to contain 21.3 Gm. monohydrated sodium carbonate and yielding, when the contents of the tube are dissolved in 1000 Cc. of water, a solution similar in composition to Neutral Solution of Chlorinated Soda-N. N. R. To prepare the solution the contents of the tube of monohydrated sodium carbonate are placed in a bottle having a capacity of about 2000 Cc. and dissolved in 1000 Cc. water. The tube containing the liquid chlorine is suspended from a rubber stopper and is inserted into the bottle and the stopper securely inserted. The large bottle (after covering with a cloth) is shaken to break the chlorine tube, the contents of the bottle are then shaken for two minutes or longer. The solution freed from particles of glass is ready for use, or its available chlorine may previously be checked by titration. The solution so obtained is intended for the Carrel-Dakin treatment of infected wounds. Johnson and Johnson, New Brunswick, N. J. (*Jour. A. M. A.*, July 6, 1918, p. 939).

Dextri-Maltose No. 2, Mead's.—A mixture containing approximately maltose, 23.1 per cent.; dextrin, 42.6 per cent., and moisture, 4.3 per cent. On the claim that maltose is more readily assimilable than other forms of sugar, Mead's dextri-maltose No. 2 is proposed for use in the diet of adult invalids. Mead Johnson & Co., Evansville, Ind.

Dextri-Maltose No. 3, Mead's.—A mixture containing approximately maltose, 52 per cent.; dextrin, 41.7 per cent.; potassium carbonate, anhydrous, 2 per cent., and moisture, 4.3 per cent. In the belief that an addition of potassium salts counteracts a tendency to constipation, it is said to be particularly adapted in the feeding of constipated infants. Mead, Johnson & Co., Evansville, Ind. (*Jour. A. M. A.*, July 20, 1918, p. 193).

PROPAGANDA FOR REFORM.

Chlorine Soda Ampules.—The A. M. A. Chemical Laboratory reports that the Chlorine Soda Ampules of Johnson and Johnson yield a solution containing the claimed amount of available chlorine if precautions are taken to prevent loss of chlorine when the solution is prepared. On the basis of the report, the

Council on Pharmacy and Chemistry accepted the Chlorine Soda Ampules for New and Non-official Remedies (*Jour. A. M. A.*, July 6, 1918, p. 39).

Proteal Therapy.—Henry Smith Williams, who expounds the use of his "Proteals" for the treatment of cancer, tuberculosis and many other diseases, is better known in the journalistic world than in the field of scientific medicine. A few years ago, Dr. Williams appeared interested in the Autolysin treatment of cancer which at that time was being exploited. The present "Proteal" treatment appears to be a modification of the "Autolysin" treatment. Dr. Williams, in attempting to justify the use of his "Proteals" in tuberculosis, cancer, rheumatism, etc., takes advantage of certain investigations bearing on the non-specific reactions resulting from the parenteral injection of foreign proteins (*Jour. A. M. A.*, July 6, 1918, p. 58).

Ophthalmol (Lindemann).—The Council on Pharmacy and Chemistry publishes a report declaring Ophthalmol (Lindemann) inadmissible to New and Non-official Remedies. The preparation is advertised for the treatment of eye diseases. It is said to be an oily solution of "glandular extract of the fish Cobitis fossilis," but its composition is not definitely declared. The Council rejected Ophthalmol (Lindemann) (1) because the use in eye of an irritant of secret composition and of uncertain activity is unscientific and against the interest of public health; (2) because Ophthalmol is of secret composition, and (3) because no evidence has been submitted to substantiate its superiority over established methods of treatment (*Jour. A. M. A.*, July 6, 1918, p. 59).

The Italian Consumption Cure.—Daily papers have purported to give an account of a new alleged cure for pulmonary tuberculosis said to have been "discovered" by Professor Domenico LoManaco, of Rome. The treatment is said to consist of the subcutaneous injection of sugar—the particular form of sugar not being specified. Italian medical journals and medical publications from other European countries appear to contain no reference as to this latest "discovery" (*Jour. A. M. A.*, July 13, 1918, p. 142).

Silvol Inadmissible to N. N. R.—The Council on Pharmacy and Chemistry reports that Silvol (Parke, Davis & Co.) is a silver protein preparation of the Argyrol type. Its physical properties are similar to those of Argyrol, and, like Argyrol, it is said to contain about 20 per cent. of silver. Like Argyrol it is non-irritant to the nasal mucosa in 10 per cent. solution. About the same claims are made for the local use of Silvol as are generally made for Argyrol, and these may be accepted. In addition, however, claims are made which are doubtful and which require substantiation. As the manufacturers have presented no evidence for their highly improbable claims, and as they have not signified any intention of making their claims agree with substantiated facts, the Council declared Silvol inadmissible to New and Non-official Remedies (*Jour. A. M. A.*, July 13, 1918, p. 140).

Doan's Kidney Pills.—A testimonial for Doan's Kidney Pills by Mr. Ford appeared in the Kankakee Daily Republican, nearly three months after he was dead and buried. The advertisement containing the testimonial said: "Follow Kankakee people's example, use Doan's Kidney Pills" (*Jour. A. M. A.*, July 13, 1918, p. 140).

Prescription A-2851.—Eimer and Amend write that the reported analysis of their "rheumatism remedy," Prescription A-2851, by the Louisiana State Board of Health was incorrect in that it failed to state that 45 per cent. of it was wine of colchicum and in that it contained 9.3 per cent. and not 7.5 per cent. of potassium iodide. On the basis of the manufacturers' statement, each dose of the remedy contains 27 minims of wine of colchicum—almost a full dose. Colchicum is so uncertain that its use in products of the home remedy type should be unhesitatingly condemned (*Jour. A. M. A.*, July 20, 1918, p. 215).

Vaderol.—A rather expensively prepared advertising card, forwarded by a medical officer in France to the Surgeon-General's office in Washington, read: "Urinary Ducts—Ancient and Recent Runnings—Cystitis, Prostaticis, Filaments—Speedy and Radical Recovery by means of the Vaderol—Used in the Urological Establishments of the Armies." The card is an interesting evidence of the attempt of a French patent medicine maker to exploit the English-speaking soldier now in France (*Jour. A. M. A.*, July 20, 1918, p. 215).

Flag Day Exercises at the Chicago Plant of Armour and Company

Fifteen thousand employes of Armour & Company, more than 75 percent of them of foreign birth, got a close-up of "the Big Boss," at the Flag Day Exercises June 14 at the Chicago plant. They liked the personal touch and "the Boss" liked it.

When J. Odgen Armour appeared on the speaker's platform with Maclay Hoyne, the principal speaker of the day, and A. Watson Armour, F. Edson White, R. J. Dunham and G. B. Robbins, vice-presidents of the company, he was acclaimed in more than thirty tongues. Every foreign tongue spoken in the United States can be heard in a tour of the Armour plant, and the "Viva, Vive, Evviva, Atzye, Niech Zyje, Zivio, Eljen, Da, Zdravstvuet and Banzai," were given as lustily as were the typical " 'Ray's" of the Americans.

The real feeling of the crowd was expressed in the muttered comment of one member of the great throng when he spoke aloud to himself, "Gad, this is true Democracy."

It is the occasional personal touch that counts in great organizations and events of this kind where the "boys" are given a chance to come into more or less intimate contact with "the big boss," always are reflected for days afterward in increased efforts on the part of the employes.

Preceding the principal program, which included the raising of the flag, a parade was formed which marched through the stock yards and through the streets between the plant buildings.

In the parade were: a band, a squadron of police, the Armour Volunteer Training Corps, the Armour Red Cross Unit, the Armour Girls' Marching Corps, and the Armour Boy Scouts.

The Flag Raising Program was held in front of the Armour Wholesale Market, and after the singing of "The Star Spangled Banner," in which Mr. Armour led, the flag was raised while a bugler played "the salute to the Colors." Then Mr. Hoyne was introduced and after a few words he gave way to Mr. Armour. When the chief of the great industry arose the stock yards rocked with the cheers of the thousands. So affected was Mr. Armour that he could not speak and after a "Thank you, thank you, this is great," he called for a cheer for the flag. It was given and given as a cheer never before has been given in the stock yards. Then the crowd sang America.

During the program the crowd spoke in unison an "American's Creed," which follows:

"I believe in the United States of America as a government of the people, by the people, for the people; whose broad powers are derived from the consent of the governed; a democracy in a republic; a sovereign nation of many sovereign states; a perfect union, one and inseparable, established upon these principles of freedom, equality, justice and humanity for which American patriots sacrificed their lives and fortunes. I, therefore, believe it is my duty to my country to love it; to support its constitution; to obey its laws; to respect its flag, and to defend it against all enemies."

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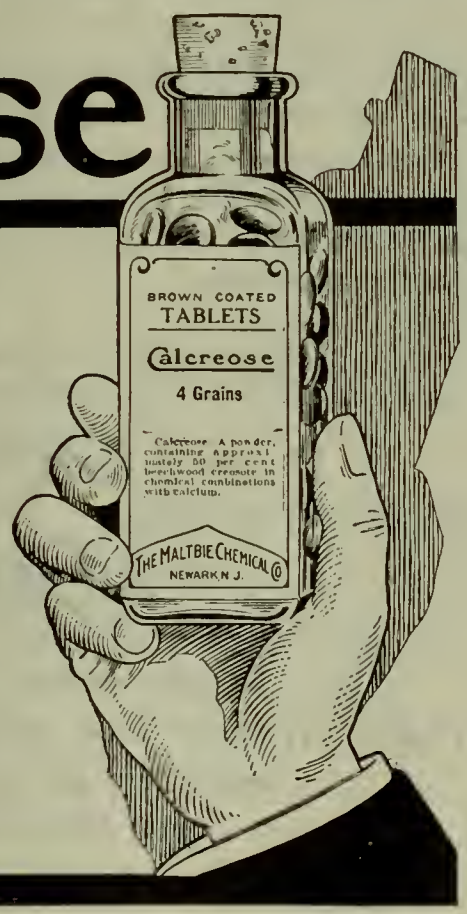

Book Reviews

THE ESSENTIALS OF MATERIA MEDICA AND THERAPEUTICS FOR NURSES

By JOHN FOOTE, M. D.,

Third edition. Revised and enlarged. Published by the J. B. Lippincott Co., Philadelphia and London, 1918, $1.75.

This manual of 310 pages fulfills faithfully the promise of its title and, while containing in brief compass and without unnecessary words an excellent resumé of the elementary principles and facts of drugs and the best methods of administering them, also includes the method of preparing all of the improved antiseptic solutions, a reference table of poisons and their antidotes, and the formulas and uses of all the solutions that have found of service in Military surgery during the war. Of especial value is the little quiz that concludes each chapter. This little book is excellently adopted to the use of nurses whether in training school or actual work and is far and away the best of its kind that we have seen.

Book Review

A Text-Book of the Practice of Medicine. By James M. Anders, M.D., Ph. D., LL. D., Professor of Medicines and Clinical Medicine, Medico-Chirurgical College Graduate School, University of Pennsylvania. Thirteenth edition thoroughly revised with the assistance of John H. Musser, Jr., M.D., Associate in Medicine, University of Pennsylvania. Octavo of 1259 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $6.00 net; Half Morocco, $7.50 net.

The 13th edition of Anders' Practice has been carefully revised and reset from the edition that came out in 1915, and contains the more recent developments that have resulted from war-time conditions. For, although not intended primarily for military use, yet we have learned that in civil life the body responds to the impact of disease in exactly the same way as in army life. This renders the chapters on Tetanus and Infections in general and the treatment of such infections whether prophylactic or remedial, of especial interest, and these chapters have been entirely rewritten. Efforts have not been spared to bring every portion of the work up to date and the result has corresponded with the purpose, special stress being laid upon those subjects which are of especial practical interest and value.

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We wish every Doctor in Vermont would take just a few minutes time and investigate the merits of a Pharmaceutical Corps in the United States Army.

E. G. McCLALLEN.

Vermont Medicine

The Official Organ of the Vermont State Medical Society

Vol. III, No. 9 $1.00 per Annum

Rutland, Vermont, September, 1918

PROGRAM

OF THE ONE HUNDRED FIFTH ANNUAL MEETING OCTOBER 10-11, 1918

THE ONE HUNDRED FIFTH ANNUAL MEETING OF THE VERMONT STATE MEDICAL SOCIETY WILL BE HELD AT COLLEGE OF MEDICINE, BURLINGTON, VT., THURSDAY AND FRIDAY, OCTOBER 10th-11th, 1918.

This is your program. None will be mailed you. Not food but general expense conservation.

OFFICERS OF THE VERMONT STATE MEDICAL SOCIETY.

President—C. W. Bartlett, Bennington.

Vice-President—Wm. Lindsay, Montpelier.

Secretary—Wm. G. Ricker, St. Johnsbury.

Treasurer—David Marvin, Essex Junction.

Auditor—W. J. Upton, St. Albans.

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Medical Education Committee—G. C. Rublee (1918), Hardwick; F. E. Clark (1919), Burlington; C. S. Caverly (1920), Rutland.

Necrology Committee—E. H. Ross, St. Johnsbury; E. M. Brown, Sheldon; F. L. Osgood, Townshend.

Medico-Legal Committee—Wm. Bryant (1918), Ludlow; E. A. Hyatt (1919), St. Albans; J. N. Jenne (1920), Burlington.

Health and Public Instruction Committee—C. F. Dalton, Burlington; J. H. Blodgett, Bellows Falls; E. A. Hyatt, St. Albans; F. E. Farmer, St. Johnsbury; J. W. Stewart, Barre.

Local Committee of Arrangements for 1918 *Meeting*—J. N. Jenne, Burlington; S. L. Morrison, Burlington; J. H. Dodds, Burlington.

Ladies' Committee—Mrs. J. H. Dodds, Chairman; Mrs. H. C. Tinkham; Mrs. C. K. Johnson; Mrs. P. E. McSweeney; Mrs. B. M. Stone; Mrs. E. A. Buttles; Mrs. D. C. Hawley; Mrs. C. A. Pease; Mrs. C. H. Beecher.

Delegate to Connecticut River Valley Medical Association—A. L. Patch, Windsor.

Delegate to White River Medical Society—A. L. Miner, Bellows Falls.

Delegate to Maine State Medical Society—W. N. Bryant, Ludlow.

Delegate to New Hampshire Medical Society—J. N. Jenne, Burlington.

Delegate to Massachusetts Medical Society—O. G. Stickney, Barre.

Delegate to Rhode Island Medical Society—B. D. Colby, Sudbury.

Delegate to Medical Society of the State of New York—F. W. Sears, Burlington.

Delegate to A. M. A.—F. T. Kidder, Woodstock.

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First Vice-President—C. J. Rumrill.*

Second Vice-President—A. O. Morton, St. Albans.

Secretary—David Brown, Lyndonville.

VERMONT MEDICINE

Editor—A. S. M. Chisholm, Bennington.

Business Manager—Jas. M. Hamilton, Rutland.

Assistant Business Manager—C. F. Ball, Rutland.

PROGRAM

Thursday forenoon, 10.30 *o'clock at College of Medicine*

1 Call to order by President, C. W. Bartlett.

2 Prayer — Rev. C. C. Adams

3 Address of Welcome, Mayor J. Holmes Jackson

4 Reading of Records — Secretary

5 Reports of Committee of Arrangements — J. N. Jenne

6 Reports of Officers, Committees and Delegates

(*a*) Secretary — W. G. Ricker
(*b*) Treasurer — David Marvin
(*c*) Auditor — W. J. Upton
(*d*) Executive Committee, and
(*e*) Publication Committee — Secretary
(*f*) Legislative Committee, F. W. Sears
(*g*) Necrology Committee — E. H. Ross
(*h*) Medical Education Committee — C. S. Caverly
(*i*) Medico-Legal Committee — E. A. Hyatt
(*j*) Health and Public Instruction Committee — C. F. Dalton
(*k*) Councillors from the four Districts
(*l*) Delegates to other Societies

*Deceased.

7 Introduction of Delegates from other Societies

8 Examinations by Local and Advisory Boards. Representative, Commanding Officer at Camp Devens.

9 President's Address, C. W. Bartlett, Bennington

Thursday afternoon, 1.30 *o'clock at College of Medicine*

Roentgen Ray Symposium

1 Therapeutic Results of Roentgen Ray Treatment, Lantern Slides, Demonstration and Exhibition of Treated Cases — C. F. Ball, Rutland

2 Instructions regarding the Selection, Preparation, and Management of Roentgen Ray Cases — Sidney L. Morrison, Burlington

3 Uses and Limitations of the Roentgen Ray in Diagnosis and Treatment, L. B. Morrison, Peter Bent Brigham Hospital, Boston.

Fixed Session of the House of Delegates Thursday afternoon at 5 o'clock at College of Medicine, Hall B.

Thursday Evening, 7.30 *o'clock*

Anniversary Chairman — A. E. Colton, Montpelier

Informal Smoker with Entertainment and Buffet Lunch, Van Ness Roof Garden.

Friday morning at 8.00 *o'clock*
Mary Fletcher Hospital

A Surgical Clinic
J. B. Wheeler, Burlington
H. C. Tinkham, Burlington

10.00 *A. M.*

A Medical Clinic
J. N. Jenne, Burlington
C. H. Beecher, Burlington

Friday afternoon at 1.30 *o'clock*
College of Medicine

1 "Pneumonia"
Rufus I. Cole, New York Hospital of the Rockefeller Institute

2 Medical Service Corps
Maj. John D. McLean, M. R. C., Sec., Committee on State Activities, General Medical Board.

3 Subject to be Announced
Capt. David C. Brown, Medical Division, Provost Marshal General's Office, Washington, D. C.

Entertainment

Ladies are cordially invited to attend the meetings and are especially invited to be present at the entertainment to be given at the Van Ness Roof Garden on Thursday evening. Other entertainment will be provided for them by the ladies of the city during their stay in town, to be announced at the opening meeting of the session.

It is expected that all Medical Reserve Corps Men will be in attendance at the Smoker.

BY-LAWS

Article IX—*Time for Papers*

No author shall consume more than twenty minutes in reading or presenting a paper, and no one shall speak more than five minutes in the discussion of a paper, without unanimous consent of the members present.

Article X—*Addresses Property of Society*

All addresses and papers presented in the County and State Societies thereby become the property of the State Society, and shall be placed in the hands of the Secretary within one week after the meeting, for insertion in the Transactions.

Article XI—*Order of Business*

The program as prepared by the Executive Committee and published in accordance with the By-Laws by the Secretary shall constitute the order of business, and cannot be changed or suspended, except for a definite purpose, a limited time and by a two-thirds vote of the members present.

THE MESSAGE

Of all the reams of poetry brought forth by the war there has been nothing to compare in thought and expression with "In Flanders' Fields," by Lieutenant-Colonel John McCrae, of the Canadian Army Medical Corps, who has been one of those to make the supreme sacrifice.

In Flanders' fields the poppies blow
Between the crosses, row on row,
That mark our place; and in the sky
The larks, still bravely singing, fly,
Scarce heard amid the guns below.

We are the dead. Short days ago
We lived, felt dawn, saw sunset glow,
Loved and were loved; and now we lie
In Flanders' fields.

Take up our quarrel with the foe!
To you, from failing hands, we throw
The torch. Be yours to lift it high !
If ye break faith with us who die,
We shall not sleep, though poppies grow
In Flanders' fields.

However beautiful may be the expression in this poem, it seems subordinate to the thought.

The dead speak in these lines, and we who live must heed.

Vermont Medicine

The Official Organ of the Vermont State Medical Society
Conducted by the Publication Committee

William Gray Ricker, M.D., St. Johnsbury, Chairman.
A. Stuart M. Chisholm, M.D., Bennington.
Charles Francis Dalton, M.D., Burlington.

EDITORIAL STAFF

A. Stuart M. Chisholm, M.D., Bennington, Editor.
Capt. James Madison Hamilton, M. R. C., Rutland, Business Manager.
Clarence F. Ball, M. D., Rutland, Acting Business Manager.

All business communications, including subscriptions, are to be addressed to Dr. Ball, other communications are to be sent to Dr. Chisholm.

The Committee assumes responsibility for the opinions expressed in the Editorial columns alone.

Editorials

ON STATE REGULATION OF MEDICAL PRACTICE.

An address on this subject, delivered before the Tennessee State Medical Association by Dr. Frederick R. Green, Secretary of the Council on Health and Public Instruction of the A. M. A., has been sent to us by the author.

The first step toward regulating the practice of Medicine was taken in Texas in 1873, when an Act of the Legislature directed the Governor to appoint a Board of medical examiners for the purpose of examining and licensing applicants who were desirous of entering the practice of Medicine. Kentucky and New York enacted a similar law in 1874, New Hampshire followed in 1875 and California and Vermont in 1876. By 1895 every state had done the same and created some kind of a medical licensing board. In most of the states authority was granted to the Board to revoke the license in cases of unprofessional conduct or for other stated reasons, and a penalty was imposed for violation of the law.

At once the question arose as to what constitutes the practice of Medicine and actions at law were begun and for twenty-five years have multiplied to determine this question. Years ago the matter in dispute would probably have been decided by the circumstance of giving medicine to cure disease, but for a good many years, even among physicians, drugs (so-called) have fallen into increasing disfavor with the introduction and application of a variety of other remedial agents, until the enlarged scope of medical treatment has presented an entrance to all sorts of healing agencies and to all the methods of so-called irregular practitioners. It would seem that the advance of scientific Medicine should have neutralized or overthrown the pretenders, but the exact opposite has happened. During the past twenty-five years Osteopathy, Christian Science, Optometry, New Thought, Chiropractic, Mental Healing—their name is legion, have arisen to confuse the courts and to prey upon the illness and credulity of mankind, with a good prospect of being ultimately recog-

nized, as forty years ago the homeopaths and the eclectics were recognized, as lawful branches of Medicine and with the like justice. Already the most absurd of them all, osteopathy, has been legalized in nearly all the States of the Union.

"The physician cannot understand," says Dr. Green, "how it is possible, not only for the general public but for members of legislatures and judges of supreme courts, to uphold and sustain cults making claims and promises which the physician knows to be utterly absurd and ridiculous. Yet, without exception, each of these sects from the origin of homeopathy over one hundred years ago to the development of the chiropractor and the napropath today, although few in number and made up generally of ignorant men obsessed with fantastic ideas, has been able to defeat all efforts which the medical profession has made to check them. The last Federal Census shows that there were in 1910, 151,132 physicians and only 6,834 irregular practitioners in the United States, yet the influence which this comparatively small number of sectarians has been able to exert on our legislature is out of all proportion to their numbers."

The explanation of the helplessness of regular Medicine in the face of this seemingly insignificant antagonist lies in public opinion, and for the state of public opinion it would not be difficult to show that physicians are themselves not entirely without responsibility. It was only last month that we had occasion to notice the prospectus for the Association of Independent Physicians, whose purpose is entirely a mercenary one and whose method is the public and persistent advertisement of themselves and of their pretensions, and it is exactly these sordid souls who are trying to degrade Medicine to the level of the trades—to "commercialize" it, in fact. These people it is, and their like, who have succeeded in discrediting Medicine to such a degree that the great body of the people, judging the whole profession by these hucksters crying their wares, have come to the easy belief that Medicine is a mercenary profession and that we in reality regard public health as a personal interest. By what system of inverted logic they can make such a deduction, it becomes easier to realize when irregular practitioners come before the courts to vindicate their right to treat disease, for with a characteristic lack of discrimination the jury sees only two competitors, one of them striving to establish a monopoly and the other fighting for individual freedom. The effort of the profession of Medicine to regulate its practice by the State legislatures encounters the same opposition from a like reason. The truth is that people as a rule do not understand medical ideals, and look with suspicion on our representations, for altruism is as little a public virtue as gratitude. Color is lent to their belief by the very effort we make for their protection. To quote Dr. Green again:

"For nearly fifty years now there has hardly been a session of the legislature in any state before which has not appeared a committee or delegation from the medical profession, asking for the passage of a medical practice act or for the adoption of some amendment strengthening the provisions of an existing law. What conclusion have the public and the legislators drawn from these activities on

our part? The last fifty years has been the period in this country in which special legislation and the promotion of selfish interests through laws have been most marked. Every legislature has been besieged by lobbyists, trying to secure the passage of laws for the benefit of some industry or class. The natural conclusion which the layman has drawn is that physicians were also seeking the passage of laws for their own benefit, and as laws regulating the practice of medicine have been those most frequently demanded by physicians, the public has naturally concluded that the object of such laws was the benefit of physicians themselves. To the protestations on the part of the physicians that their only object in asking for the passage of such laws was the public good, the people have replied that that is what the advocates of the other measures had claimed and that probably we were just as insincere as the rest of them. For why were the physicians alone so insistent on their passage? Why have these laws always been so drafted as to place their administration in the hands of physicians to whom also all the appointments were restricted?'' The public has never understood the attitude of the profession toward quacks any more than its attitude toward patent medicines, deeming that jealousy is the deep factor in both.

''Now,'' says Dr. Green in effect, ''this self-imposed task that the profession has undertaken has not resulted as we once hoped. The public are not properly protected from spoliation and fraud and the profession has not as yet altogether escaped an unsatisfactory and even unseemly position.'' Without benefiting others we have ourselves received damage. What then it the true remedy? Let us cease the effort to impose our ideas on the legislatures or our will on the public. We know that the people are sensitive of their personal freedom and resent control. Let them make up their minds what they want and effect it. Their intuitions are reliable and what they do is always well done when they are left to their own initiative. They can act through the State educational officers, and to their sense of justice may be safely left the introduction of a common standard of requirements for all applicants as well as the modification and enforcement of the law. The defence of the public belongs to the public and cannot safely be usurped or assumed by others. As Abraham Lincoln wisely said, ''No man is good enough or wise enough to govern any other man against his will.''

This step has already been taken in Tennessee. A Board of Preliminary Examiners, composed of three educators, was appointed to examine applicants for any kind of license requiring educational qualifications, and to make out certificates for the successful applicants to present to any of the State Boards who were empowered to issue the actual ''enabling'' license. For the medical license is subject to the same control as a license to teach school or to practice law. It is expected that the preliminary license will exercise a control over an applicant's general acquirements, and the final license will pass upon his especial fitness for the work for which he applies, both being necessary to test his qualifications. Last year Illinois passed a similar law and the State took over the issuing of all licenses to engage in

any occupation, profession or trade whose control the State has assumed. The department of the State government in charge of this province appoints the examiners who shall recommend the final licenses in each specialty, including pharmacists, dentists, nurses, architects, engineers and several other occupations. The State control ceases when the final license is issued, excepting of course when the penalty for infraction of the law is incurred, but seeks in no way to interfere further with the licensee than to be assured of his fitness for his work. Dr. Green thinks that the readjustment of responsibilities in this way will result in better feeling and clearer understanding between the medical profession and the public.

This seems eminently sensible. It is quite to be expected that in condensing Dr. Green's excellent monograph some of the links in his closely reasoned article have been passed over. We have, however, given some thoughts which may profitably stimulate us to consider the advisability of making some similar changes in our medical practice laws, some modification of which has been long desired and must soon be effected.

PUBLIC HEALTH

In our last issue we made some comments on the statistics given in the Public Health reports. We note since then that small pox continues to figure largely in our own mortality records, Kansas reporting 116 cases, Michigan 116, Minnesota 107, New York 33, Wisconsin 159, Indiana 156, Iowa 121, Nebraska 139 and North Carolina 88, the other states showing that in a considerable degree vaccination is being quite neglected. Typhoid fever has also assumed its old-time prevalence, 322 cases being reported from Kansas, 289 from Louisiana, 311 from New York and 944 from North Carolina, while in twenty-eight extra-cantonment zones 139 cases were reported for the week ended August 24, 1918. In these training camps, or zones the venereal diseases still do business, twenty-five reporting a total of 389 cases of syphilis, and thirty camps a total of 743 cases of gonorrhea for the same week ended August 24.

In the part of Russia occupied by Germany the months of July and August brought the statement of 11,769 cases of typhus with 1,077 deaths and typhus has broken out also among the prisoners of war in Königsburg, ninety-nine cases being reported for the week ending August 30.

We are sorry to see the Philippines still afflicted with smallpox, 913 cases being reported with 643 deaths, these cases occurring almost entirely in Manila itself. When we consider what Cuba has accomplished in smallpox, it does not seem amiss to suggest the advantage of adding North Carolina and the Philippines to her dependencies.

For reasons which are obvious, the programs for the Annual Meeting of the Vermont State Medical Society will not be sent out as usual to the members of the Society in advance of the October meeting, as has hitherto been customary. Only enough programs will be printed for the use of those who attend the meeting. Elsewhere in this issue the program is given in full. It includes such new features, or excludes such old ones, as seemed to the Committee desirable under the circumstances. This announcement is made by request of the Committee.

SOME CRANKS.

Some months ago we paid our respects to the "Medical Society of the United States", last month to the American Association of Independent Physicians, and the protest made by the anti-vivisectionists against the use of any portion of the money contributed to the Red Cross, or the diversion of any sum of money for the furtherance of animal experimentation for the purpose of discovering the origin of trench fever, is in every one's recollection. In addition to these distractions we may mention *The Medical Liberty League, Inc.,* which has renewed its ancient campaign, under a new name, of opposition to vaccination for the prevention of small-pox. It is the part of wisdom to foresee the consequences of one's action, in fact in law one is assumed to be responsible for these consequences, and what could be so foolish, if it were not criminal, as a propaganda like this whose consequences would be so horrible that the world would not endure them. Such "movements" are purely destructive and lack all hope of ultimate survival. How fine it would be if all this misguided energy could be diverted into channels of construction! If the anti-vivisectionists would take up the prophylaxis of venereal diseases; if the anti-vaccinationists would occupy themselves with the correction of defective children; if the new and seemingly needless medical associations of independent physicians and fee-splitters would sweep before their own doors first and study for a while the ideals of medicine, and if birth controllers would magnanimously strangle themselves in their own cradles,—what a fine place to live in the world would come to be!

But this is too much to hope. There is a curious bitterness in these "movements"—a peculiar malice in the hearts of their promoters. Read the following, copied from the Boston Medical and Surgical Journal where a suitable warning attracts notice to the danger of these people.

THE END OF ASPIRIN

In the issue of VERMONT MEDICINE for February 1917, we called attention to the fact that the patent rights on Aspirin-Bayer had come to an end and exhorted physicians to drop the German trade-name and prescribe the drug under its proper name, Acetylsalicylic Acid. The Bayer Company had found too good picking in the U. S. for many years to yield willingly any portion of their long and profitable monopoly and they at once threw off the irksome trammels that were imposed by a decent respect for the traditions of medical advertising and began to exploit the public openly. So accustomed had people in general became to the merit and use of Aspirin under its trade-name that today a year and a half after its monopoly is ended the greater-part of the public who prescribe for their own ailments call for the Aspirin-Bayer and refuse to accept the Acetyl-Salicylic Acid. Several drug

houses have put out this drug under its accustomed name but since every periodical bears the Bayer advertisement warning against all substitutions, the elder German product has still a large sale. It may not be amiss here to note the fact that a good many reputable medical journals have steadfastly continued to play into the Bayer hands and to assist in filling the Bayer pockets by publishing these advertisements. It is safe to assume that in the light of recent developments these journals will in the future abstain from booming this German product.

For at this stage of the game the Alien Property Custodian, A. Mitchell Palmer, steps in and takes a hand. One of the recent claims of the Bayer Company has been that their Aspirin is an American product. In a sense this is true. It has been manufactured in Rensselaer, near Albany, N. Y.; but it is a partial truth that looks a good deal like a lie, for the concern has always belonged to Germans and its profits have gone to further German ends. In fact the Government officials describe it as "a conspiracy to divert a large portion of the future profits of the company into German hands and to retain a strong footing in the chemical industry in this country for the purpose of enabling Germany to re-establish her dye and drug interests in the United States after the war."

The earning capacity of the Bayer plant has been estimated at $1,500,000 a year. Its head has been Herr Duisberg, who is the head also of the German War Trade Board. When it was taken over by the U. S. Government, it was ascertained that an attempt had already been made to mask its German ownership and remove the liability of government confiscation, by a peculiar contract which the Bayer people had entered into with a color firm of Providence, Rhode Island, Williams & Crowell, whereby the nominal management and apparent ownership was to remain while necessary in the persons and names of certain so-called Americans of dubious birth and antecedents. A dummy board of directors was chosen and the whole scheme was engineered in the most approved German way. The actual board of directors, with the outlandish names common to their tribe, have been arrested by the government officials and are now in jail. We do not envy the feelings of the Rhode Island gentlemen who have been made the catspaws of this conspiracy. Hereafter everyone must know that the mark that is on the tablets of Bayer-Aspirin is the mark of the beast.

"That government of the people, by the people and for the people shall not perish from the earth"

BUY LIBERTY BONDS TO YOUR UTMOST

THE WAR

To Physicians of America:

Surgeon General Gorgas has called for 1,000 graduate nurses a week---8,000 by October 1.

25,000 graduate nurses must be in war service by January 1---in the Army Nurse Corps, in the Navy Nurse Corps, in the U. S. Public Health Service in Red Cross war nursing.

This involves withdrawal of many nurses from civilian practice and necessitates strict economy in the use of all who remain in the communities.

You can help get these nurses for our sick and wounded men by

Bringing this need to the attention of nurses.

Relieving nurses where possible wholely or in part from office duty.

Seeing to it that nurses are employed only in cases requiring skilled attendance.

Insisting that nurses be released as soon as need for their professional service is ended.

Seeing that your patients use hospitals instead of monopolizing the entire time of a single nurse.

Encouraging people to employ public health nurses.

Instructing women in the care of the sick.

Inducing high school and college graduates to enter the Army School of Nursing or some other recognized training school for nurses.

Encouraging nurses to go to the front involves real personal sacrifice and added work on the part of the physicians whose duty it is to maintain the health of our civilian second line defense---

But the men who are fighting for their country in France need the nurses.

DEPARTMENT OF NURSING,

American Red Cross,

Washington, D. C.

LET THE WORK YOU DO EVERY DAY BE DEDICATED—

To the memory of the little boys in the invaded districts of Europe who have been crucified—that your own boy may not be in danger of being crucified.

LET the work that you do every day be dedicated—

To the memory of the babies of France and Belgium who have been impaled on bayonets and carried off over the shoulders of German soldiers—that your baby may never be in danger of a like death.

LET the work that you do every day be dedicated—

To the memory of the little girls of Belgium and France who have been carried into slavery far worse than death—that your daughter may not be in danger of thus falling a victim to German barbarians.

LET the work that you do every day be dedicated—

To the memory of the mothers of Europe who have seen their children slaughtered and their husbands with bound hands driven away to a fate unknown—that the mothers here may not see similar processions in your own streets.

LET the work that you do every day be dedicated—

To the white-haired women of Belgium and France who have seen honest men dig their own graves—that the white-haired of your family may not suffer a like agony.

LET the work that you do every day be dedicated—

To the memory of the Allied soldiers who have been crucified upon doors because they fought for civilization and justice—that justice may be done you and yours.

LET the work that you do every day be dedicated—

To the memory of the beautiful cities, villages, orchards, and fields of Europe, now blackened wastes—that your own beautiful towns and fields may not be turned into places men will avoid.

LET the work that you do every day be dedicated—

To the memory of the once happy homes of Europe which the Hun burned after murdering the inmates—that your home may not become the funeral pyre of your family.

LET the work that you do every day be dedicated—

To the memory of the nations that have been crushed and scattered—that your own nation may not be destroyed and that your people may not be driven forth like the exiled multitudes who have died in the fields and the highways.

LET the work that you do every day be dedicated—

To the manhood that is in you—that you may not desert your brother who has gone to the battle-front, that you may not desert your nation now that it needs you, that you may not be tricked into imperiling the safety of your wife, your daughter, your mother when the smooth-tongued enemies of your country come whispering to you.

LET the work that you do every day be dedicated—

To the manhood that is in you, that you shall have no remorse when broken men come back from the battle-front—so that empty sleeves and sightless eyes shall not as instruments of your own conscience reproach you by day and haunt you by night because you at home failed to support our men while they fought in France.

THE NEW SELECTIVE SERVICE LAW AND PHYSICIANS

Few of the questions now being asked by physicians as to how the new draft law will affect them can be answered until the regulations are issued by the Provost Marshal-General. There are some 75,000 physicians in the United States under 45 years of age. Those holding commissions in the Medical Department of the Army, Navy and Public Health Service are not required to register. Members of Local and Appeal boards, although required to register, as stated elsewhere, are considered as drafted for this duty, and therefore are exempt from general military service. There should be no difficulty now in securing a sufficient number of physicians for the medical needs of the Army and Navy. While a sufficient number undoubtedly could have been secured by the voluntary system, under the new order of things there certainly will be an ample supply. The important fact is that now it will be possible to solve the problem as to securing the number of physicians required for military service without seriously inconveniencing the civilian population. The new law provides for the exemption by the Selective Service Boards of those engaged in necessary "occupations and employments." Special regulations governing the application of the law to physicians will be necessary; the demands on the supply are so many and so complex. Two weeks ago *The Journal* stated, "It would seem possible to formulate regulations which would receive the approval of the Surgeon-General of the Army and of the Provost Marshal-General, which would practically place all physicians of draft age under the jurisdiction of the Surgeon-General of the Army." The only satisfactory solution of the whole problem is through the cooperation of the Surgeon-General of the Army and the Provost Marshal-General. The obvious necessity of this makes it practically certain that such cooperation will be effected. Specific regulations must be formulated to guide the Selective Service Boards, the ultimate object being to place the disposal of drafted medical men in the hands of the Surgeon-General. The ideal way would be to draft all physicians under 45 years of age, to commission them in the Medical Corps of the Army, and to place them at the disposal of the Surgeon-General of the Army, who would place on the inactive list those required in civil life. The demands on the medical profession are: (1) military and naval—including medical examiners for Selective Service Boards; (2) institutional — including medical colleges, hospitals, state asylums, etc.; (3) industrial—including sanitation and the care of employees in munition and other large manufacturing plants; (4) public health—including national, state, county and municipal health officials; and (5) civilian practice. The Surgeon-General's Office already possesses data covering most of these needs, and has available a complete survey of the medical conditions in civilian communities.

Medical Corps Enlistment

There have been so many delays between the time of application for a commission in the Medical Corps of the Army and the time of its being issued that a statement of the steps necessary seems again desirable, since it is still possible to volunteer in the Medical Corps.

FIRST.

Fill out the application blank which may be obtained from the Surgeon-General's office or from the Secretary of the State Committee of National Defense, Medical Section, Dr. C. H. Beecher of Burlington.

SECOND.

Write a personal letter to the Surgeon-General of the Army making formal application for a commission in the Medical Corps of the Army.

THIRD.

Secure two testimonials as to your citizenship, character and habits.

FOURTH.

Secure from Dr. W. S. Nay of Underhill a certificate of your registration in this state.

FIFTH.

Take all of these papers (1), (2), (3) and (4) to your nearest examiner and leave them with him—when you take your examination.

THE EXAMINERS ARE LOCATED AS FOLLOWS:

Fort Ethan Allen; The Post Surgeon.

Hanover, N. H.; Capt. H. N. Kingsford.

Albany, N. Y., No. 114 Jay St.; Capt. H. E. Lomax.

Plattsburg, N. Y.; The Post Surgeon.

Springfield, Mass., No. 62 Chestnut St.; Lieut. Philip Kilroy.

Under the existing regulations it is necessary to order all officers of the Medical Corps on active duty as soon as they accept their commission, this in view of the reorganization of the Medical Department in which all branches of the medical personnel are combined under the Medical Corps, U. S. Army.

WAR WORK FOR YOUNG WOMEN.

The Surgeon-General's Office, War Department, has issued an urgent call for young women to serve in reconstruction hospitals at home and abroad. The Normal School of Physical Education, Battle Creek, Michigan, which is affiliated with the Battle Creek Sanitarium, wishing to do its share toward winning the war, has inaugurated a course in physiotherapy, which meets the requirements of the War Department. Courses begin Oct. 1st and Feb. 1st. Length of course is 4 months. The Curriculum consists of Anatomy, Physiology, Hygiene, Bandaging, Active and Passive Movements, Hydrotherapy, Massage, Electrotherapy, and Clinics.

The medical profession are asked to direct the attention of young women who are planning to engage in war work to this unusual opportunity.

Further information may be obtained from Frank J. Born, M.D., Director of the School.

AMERICAN MEDICAL DOCTORS ANSWER CALL OF THE NATION

The Council of National Defense authorizes the following:

Applications for enrollment in the Volunteer Medical Service Corps have been coming in at a gratifying rate since the blanks were mailed a week ago. A total of 19,225 Volunteer Medical Service Corps letters were received in the period September 3 to September 7. Fully 95 per cent of the envelopes—or 18,263—have contained filled-out application blanks accompanied or not accompanied by a letter. These are being classified as rapidly as possible. This quick response on the part of the patriotic physicians of the country is very gratifying to the central governing board of the Volunteer Medical Service Corps.

Generous Response to Appeal.

In response to the appeal that State executive committees be enlarged and strengthened for the work of handling the Volunteer Medical Service Corps matters, and also the request that a representative in each county be quickly designated, practically all of the States in the country have complied and have sent in the personnel of the State executive committees and of the county representatives to the headquarters of the Volunteer Medical Service Corps in Washington. The make-up of each State committee has been the joint work of the central governing board and the State committees, Medical Section, Council of National Defense, in each State. There has been the closest cooperation, and the officials of the central governing board are assured that the executive committees will all hold frequent meetings and keep in close touch with the situation in their respective States.

20,000 *Answer Call*

The information received during the past week from the nearly 20,000 doctors, and that which will continue to be received, will be at the immediate disposal of the Government authorities for consideration and use so far especially as the doctors under 46 years are concerned. Also the central governing board believes that perfecting the machinery of the Volunteer Medical Service Corps by the strengthening of the State executive committees will fulfill the announced purposes of the Volunteer Medical Service Corps to make the doctors of the utmost possible service to the Surgeon Generals of the Army, Navy, and Public Health Service, and also for the various civilian needs.

U. S. BULLETIN.

Volunteer Medical Service Corps

Statement by Dr. Franklin Martin, Member of Advisory Commission and Chairman of General Medical Board, Council of National Defense.

(Foreword)

The Volunteer Medical Service Corps was authorized by the Council of National Defense on January 31, 1918. Under this authorization the membership of the corps consisted of all physicians who because of over age, physical disability, dependents and essential home needs were not eligible for service in the Medical Reserve Corps of the Army or Navy.

Enlarged Scope of the Organization.

On August 5th the Council of National Defense authorized a change in the scope of the organization and an increase and amplification of its Central Governing Board. Membership in the Corps as now authorized, makes eligible to the Corps every legally qualified physician, including women physicians, holding the degree of Doctor of Medicine from a legally chartered medical school, without reference to age or physical disability, provided he or she is not already commissioned in the Government Service. This organization has now the approval of the President as indicated in the following letter:

THE WHITE HOUSE
Washington
12 August, 1918.

My dear Dr. Martin:

I have received your letter of August 5, laying before me the matured plan for the reorganized Volunteer Medical Service Corps, of which you ask my approval. This work was undertaken by you under the authority of the Council of National Defense; it has had great success in enrolling members of the medical profession throughout the country into a volunteer corps available to supply the needs of the Army, Navy and Public Health Service. In cooperation with the General Medical Board of the Council of National Defense, the strong governing board of the reorganized corps will be able to be of increasing service, and through it the finely trained medical profession of the United States is not only made ready for service in connection with the activities already mentioned, but the important work of the Provost Marshal-General's Office and the Red Cross will be aided and the problems of the health of the civilian communities of the United States assured consideration. I am very happy to give my approval to the plans which you have submitted, both because of the usefulness of the Volunteer Medical Service Corps and also because it gives me an opportunity to express to you, and through you to the medical profession, my deep appreciation of the splendid service which the whole profession has rendered to the nation with great enthusiasm from the beginning of the present emergency. The health of the Army and the Navy, the health of the country at large, is due to the cooperation which the public authorities have had from the medical profession; the spirit of sacrifice and service has been everywhere present and the record of the mobilization of the many forces of

this great Republic will contain no case of readier response or better service than that which the physicians have rendered.

Cordially and faithfully yours,

(Signed) WOODROW WILSON.

Dr. Franklin Martin,
Advisory Commission,
Council of National Defense.

At a meeting of the Central Governing Board, held on Friday, August 2, it was moved by Dr. Sawyer, seconded by Dr. Martin, that the Central Governing Board shall consist of the present Central Governing Board (excepting Sherk, Bradford, and Brophy) and others as follows:

Surgeon General William C. Gorgas, U. S. A.; Surgeon-General William C. Braisted, U. S. N.; Surgeon General Rupert Blue, U. S. P. H. S.; Provost Marshal General E. H. Crowder; Dr. Franklin Martin, Chairman of Committee on Medicine and Sanitation, Council of National Defense; Dr. Edward P. Davis, president, Volunteer Medical Service Corps; Dr. John D. McLean, Vice-president; Dr. Charles E. Sawyer, secretary; Admiral Cary T. Grayson, U. S. N.; Dr. F. F. Simpson; Dr. Frank Billings; Dr. H. D. Arnold; Mr. W. Frank Persons, Red Cross; Dr. Victor C. Vaughan; Dr. William H. Welch; Dr. Robert L. Dickinson, Chief of Staff's Office; Colonel R. B. Miller, U. S. A., Chief of Personnel Division; Surgeon R. C. Ramsdell, U. S. N., Chief of Personnel Division; Colonel James S. Easby-Smith, Executive Officer; Dr. Joseph Schereschewsky, Assistant Surgeon General (Personnel); Dr. C. H. Mayo or W. J. Mayo; Dr. William Duffield Robinson; Dr. George David Stewart; Dr. Duncan Eve, Sr.; Dr. Emma Wheat Gillmore.

General Plan

The Volunteer Medical Service Corps is exactly what its name indicates. It is a gentleman's agreement on the part of the civilian doctors in the United States who have not yet been honored by commissions in the Army and Navy, and a representative board of governors consisting of officials of the Government associated with lay members of the profession, in which the civilian physician agrees to offer his services to the Government if required and asked to so do by the Governing Board.

It is a method of recording all physicians who are not yet in service and classifying them so that their services when required will be utilized in a manner to inflict as little hardship on the individual as possible. It is a method by which every physician not in uniform will be entitled to wear an insignia which will indicate his willingness to serve his Government.

As more than sixty per cent of the physicians of the country will be utilized in caring for the industries at home and the health of the home people, this large percentage of necessity will be expected to maintain their home status and continue their ordinary professional work.

Object of Corps

1. Placing on record all medical men and women in the United States.

2. Aiding Army, Navy, and Public Health Service in supplying war medical needs.

3. Providing the best civilian medical service possible.

4. Giving recognition to all who record themselves in Army, Navy, Public Health activities, or civilian service.

Working Plans

All matters pertaining to the organization will be under the direction of a Central Governing Board, authorized by the Council of National Defense and approved by the President of the United States, and its affairs will be conducted from the general headquarters of the Volunteer Medical Service Corps at Washington, D. C., under the Council of National Defense.

Operating System

1. Central Governing Board of 25.
2. Forty-nine State executive committees.
3. One representative in each county in every State.

NOTE.—(a). All men to be appointed to State and county committees preferably over 55.

(b). Each State executive committee to consist of five in the smaller States and one additional member in each of the larger States in proportion to each 1,000 medical inhabitants (to be nominated by State committees, Medical Section, Council of National Defense, from among their own members).

(c). Each county of 50,000 population or under should have one representative. All counties having over 50,000 population should have one additional county representative for each 50,000 population or fraction thereof. All county representatives to be nominated by the State executive committee.

Duties

Central Governing Board—To receive and pass upon all appointments.

State Governing Boards—To receive facts from county representatives and make recommendations to Central Governing Board.

County Representatives. To submit facts to State committees according to advice from Central Governing Board or State Executive committees.

Under the reorganization, every legally qualified physician, man or woman, holding the degree of Doctor of Medicine from a legally chartered medical school, who is not now attached to the Government service, and without reference to age or physical disability, may apply for membership and be admitted if qualified; whereas, the original organization admitted only those who for various reasons were ineligible to membership in the Medical Reserve corps. The organization will mobilize the medical profession in order to provide for the health needs of the military forces and the civil population, and the recording and classifying of doctors will afford means of obtaining quickly men and women for any service required.

To date about 40,000 of the 144,116 doctors in the United States—not including the more than 5,000 women doctors—either are in government service or have volunteered their services. Up to July 12 the Surgeon General had recommended to the Adjutant General 26,733 doctors for commissions in the Medical Reserve Corps. About 9,000 others who applied were rejected. With the 1,194 in the Medical Corps of the National Guard and 1,600 in the Navy, the total —38,527—constitutes 26.73 percent of the civilian doctors. Deducting those who declined their commissions or who have been discharged because of subsequent physical disability or other cause, the number actually commissioned in the Medical Reserve Corps stands (August 23) at 23,531 with

several hundred recommended whose commissions are pending. Of the 23,531 there are 22,232 now on active duty.

The need of using wisely the service of the medical men, in view of the universal war activities, is indicated when it is known that in the five weeks ended August 2, there were 2,700 medical officers commissioned in the Army, Navy, and Public Health Service—or at the rate of 540 per week. This rate at which enrollment is proceeding is the cumulative result of the operation of all the machinery which has been in process of setting up since the United State entered the world war. While the number commissioned in the five weeks mentioned may seem large, it is not much greater than the rate at which medical men have been receiving their commissions during the past year. There are now 28,674 medical officers commissioned in the three services—26,027 in the Army, 2,427 in the Navy, and 220 with the commission of Assistant Surgeon in the United States Public Health Service. Of the 2,700 commissioned in the five weeks ended August 2, there were 2,527 in the Army, 169 in the Navy, and 4 in the United States Public Health Service. Also, 40 doctors designated as Acting Assistant Surgeons have been taken on in the Public Health Service in the last two months, 21 for work in extra-cantonment zones, 14 for special venereal disease work, and 5 for marine hospitals. The 26,027 in the Army medical service comprise 933 in the Medical Corps, the regular Army service; 23,531 in the Medical Reserve Corps; 1,194 in the Medical Corps of the National Guard, and 369 in the Medical Corps of the National Army.

It is estimated that at least 50,000 doctors will be necessary eventually for the Army. It can readily be seen that with the enrollment of these active men, their places in communities and institutions must be cared for and the work, therefore, throughout the country must be so systematized and coordinated that the civilian population may not suffer. An important aspect is the need for medical men in the communities where munitions and other vital war products are being made.

The Volunteer Medical Service Corps, supervised by the Central Governing Board now named, will thoroughly care for these needs.

In connection with the mailing of membership blanks for the Volunteer Medical Service Corps to all legally qualified men and women doctors of the country, Dr. Franklin Martin, Chairman of the General Medical Board of the Council of National Defense, says:

"Great as has been the response to the appeal for doctors, it must be greater. It is imperative that every doctor not already in a government service fill out, sign and return the blank to the offices of the Central Governing Board, Council of National Defense, Washington, at once. We believe thousands will do this, as they are anxious to be enrolled as volunteers for the Medical Departments of the Army and Navy before registration under the new draft law goes into effect. The appeal for enrollment in the Volunteer Medical Service Corps, which President Wilson has formally approved, is an official governmental call to service. This will place the members of the medical profession of the United States on record as volunteers, available for classification and ready for service when the call comes."

VERMONT STATE EXECUTIVE COMMITTEE

The Central Governing Board of the Volunteer Medical Service Corps of the Council of National Defense announces that the Vermont State Executive Committee of the Volunteer Medical Service Corps is comprised of the following doctors:

J. B. Wheeler, M.D., Chairman, Burlington.
G. I. Forbes, M.D., Sec., Burlington.
H. C. Tinkham, M.D., Burlington.
C. W. Bartlett, M.D., Bennington.
W. F. Hazelton, M.D., Bellows Falls.

The purpose of this Committee is to co-operate with the Central Governing Board in prosecuting all activities pertaining to the mobilization and enrollment of members of the Volunteer Medical Service Corps throughout the state.

The Central Governing Board of the Volunteer Medical Service Corps also authorizes the appointment of one county representative in each county in every state of the Union. The county representatives for Vermont are as follows:

Addison—S. S. Eddy, M.D., Middlebury.
Bennington—W. E. Putnam, M.D., Bennington.
Caledonia and Essex—F. E. Farmer, M.D., St. Johnsbury.
Chittenden—J. N. Jenne, M.D., Burlington.
Franklin—E. A. Hyatt, M.D., St. Albans.
Grand Isle—G. H. Branch, M.D., Grand Isle.
Lamoille—H. W. Barrows, Stowe.
Orleans—O. B. Gould, M.D., Newport.
Rutland—J. J. Derven, M.D., Poultney.
Orange and Washington—W. R. Harkness, Montpelier.
Windham—W. F. Hazelton, M.D., Bellows Falls.
Windsor—A. L. Patch, M.D., Windsor.

Directory of Vermont Physicians

The Directory of Vermont physicians which is being published in this issue, contains the names of the physicians in the state arranged by counties.

In the list the physicians over fifty-five years of age are indicated by "A"; those in the service by "S"; and those in the Volunteer Medical Service Corps by "V".

So far as known, the location of the men in the service is given.

We realize that this list is neither complete nor correct. It can be made so only temporarily anyway, and then only by all concerned doing their part by sending corrections to VERMONT MEDICINE.

C. H. BEECHER, Sec'y.
State Committee Nat'l Defense, Medical Section.

ADDISON COUNTY

Number in County, 31.
Number in Service, 5.
Number in Volunteer Medical Service Corps, 25.

V. A. Blaisdell, E. G., Bridport.
V. Briggs, F. T., Bristol.
V. A. Bump, O. M., Salisbury.
V. Carroll, D. J., Vergennes.
V. Coffee, V. H., Orwell.
V. A. Collins, G. P., No. Ferrisburg.
Denton, A. A., Monkton.
V. Dorey, P. L., Middlebury.
V. Eddy, S. S., Middlebury.
V. A. Eddy, M. H., Middlebury.
V. A. Edmunds, G. F., Bristol.
V. Flagg, R. C., Middlebury.
V. Lane, E. S., No. Ferrisburg.
V. Norton, A. M., Bristol.
V. Ouillet, F. L. A., Orwell.
V. Phelps, F. C., Vergennes.
V. Pilon, E., Vergennes.
V. Platt, Mary M., Shoreham.
V. A. Porter, E. O., E. Cornwall.

V. Prentiss, R. W., Middlebury.
V. Rogers, F. M., Vergennes.
S. Ross, J. J., (Lieut.), Middlebury, *in France.*
S. Rowe, L. R., (Lieut.), Orwell, Newport News, Va.
V. A. Sanborn, F., Middlebury.
V. Sharon, I. P., Shoreham.
V. A. Wade, H., Starksboro.
V. Waterman, V. W., Vergennes.
S. Watt, Wm. G., (Lieut.), Vergennes, *in France.*
V. A. Weston, E. S., New Haven.
S. White, W. J., (Capt.), Middlebury, Hoboken, N. J.
S. Williamson, H. L. (Lieut.), Bristol, Fort Oglethorpe.

BENNINGTON COUNTY

Number in County, 42.
Number in Service, 12.
Number in V. M. S C., 28.

V. Arthur, Maud, Bennington.
V. A. Barber, B O., Pownal.
V. Bartlett, C. W., Bennington.
V. Buchanan, C. S., Bennington.
S. Calahan, L. J. (Lieut.), Manchester Ctr., *in France.*
V. Campbell, C. M., Manchester Center.
V. A. Chisholm, A. S. M., Bennington.
V. Cochran, J. L., East Dorset.
S. Cole, J. H., (Capt.), Bennington.
V. Crowley, T. F., Readsboro.
V. Dean, F. E., So. Shaftsbury.
V. Dean, F. E., Jr., No. Bennington.
S. Flood, F. A. (Lieut.), No. Bennington, *in France.*
Gardiner, E. M., Bennington.
V. Gleason, D. A., No. Bennington.
V. Goodhall, H. S., Bennington.
S. Gray, S. K. (Lieut.), E. Arlington.
S. Houle, A. E. (Lieut.), Bennington.
Hurley, F. J., Bennington.
S. Kelley, L. M. (Lieut.), Manchester Center.
S. Lane, J. D., (Navy), Bennington.
V. A. Liddle, F. C., Dorset.
S. Lovejoy, J. L. (Lieut.), Manchester Depot, Camp Lee, Petersburg, Va.
V. A. Marsh, J. W., Manchester Center.
V. A. Niles, J. S., Pownal.
V. O'Donnell, D. V., Bennington.
V. A. Potter, E. E., No. Pownal.
V. A. Pratt, F. S., Bennington.
V. A. Putnam, W. E., Bennington.
V. Reichling, J. H., Arlington.
V. Ross, L. H., Bennington.
S. Russell, G. A. (Lieut.), Arlington, *in France.*
S. Smith, C. H., (Lieut.), West Rupert, Camp Jackson, Columbia, S. C.
S. Summersgill, H., (Major), Bennington.
S. Tobin, E. A. (Major), No. Bennington, Camp MacArthur, Waco, Texas.
V. A. Trull, E. V., Manchester.
V. Walsh, F. A., Readsboro.
V. A. Wilcox, S. R., Bennington.
V. A. Whipple, F. E., Manchester Center.
V. Wilson, J. R., Bennington.
V. A. Woodhull, J. B., No. Bennington.
V. A. Wyman, E. L., Manchester Center.

CALEDONIA COUNTY

Number in County, 47.
Number in Service, 16.
Number in V. M. S. C., 31.

V. Allen, J. M., St. Johnsbury.
S. Brown, D. R. (Lieut.), Lyndonville, Fort Oglethorpe.
S. Burke, R. H. (Lieut.), St. Johnsbury.
S. Caldwell, N. R. (Capt.), Groton, Fort Oglethorpe.
V. Carter, G. A., Hardwick.
V. A. Cheney, A. A., Lyndonville.
S. Cheney, M. (Lieut.), Lyndonville, Fort Oglethorpe.
V. A. Copeland, J. W., Lyndonville.
S. Crane, E. M., (Lieut.), Hardwick.
V. Cramton, C. A., St. Johnsbury.
V. A. Darling, S. E., Hardwick.
V. A. Darling, G. W., So. Ryegate.
V. A. Davis, F. H., Lyndonville.
V. A. Dickerman, E. E., East Burke.
V. Drouin, J. A., St. Johnsbury.
V. A. Dwinell, F. E., Lyndonville.
V. Eastman, I. N., Groton.
V. Elliot, H. A., Barnet.
S. Fairbanks, Charlotte, St. Johnsbury, *in France with hospital unit.*
V. Farmer, F. L., St. Johnsbury.
S. Ferris, A. D. (Lieut.), Hardwick.
V. Fitch, W. B., St. Johnsbury.
S. George, B. D. (Lieut.), Hardwick, Fort Oglethorpe.
V. A. Gibson, J. M., McIndoes Falls
V. Harvey, R. J., East Hardwick.
V. Hazelton, R. H., Barnet.

V. Herrick, H., West Burke.
S. Harvey, J. W. (Lieut.), St. Johnsbury, Camp Dix.
V. A. Jones, S. A., Sheffield.
S. Kinney, A. C. (Lieut.), East Hardwick, *in England.*
V. Leonard, A. L., Lyndonville.
S. Libbey, C. E. (Capt.), Danville, *overseas.*
V. McSweeney, R. M., St. Johnsbury.
V. Miltimore, H. H., St. Johnsbury.
V. A. Newell, H. C., St. Johnsbury.
V. Pache, H. L., Danville.
V. A. Prevost, C. A., St. Johnsbury.
V. Rieker, Wm. G., St. Johnsbury.
V. Ross, E. H., St. Johnsbury.
S. Rublee, G. C. (Lieut.), Hardwick, Camp Upton.
S. Sheehan, D. J. (Lieut.), Lyndonville, Fort Oglethorpe.
V. A. Stiles, T. R., St. Johnsbury.
S. Taylor, E. F. (Lieut.), Hardwick, Fort McPherson, Ga.
S. Tierney, J. P. (Lieut.), St. Johnsbury, Base Hospital, Camp Gordon.
S. Tillotson, H. L. (Lieut.), Groton.
V. Walsh, F. M., St. Johnsbury.
V. Wesley, J., St. Johnsbury.

CHITTENDEN COUNTY

Number in County, 121.
Number in Service, 41.
Number in V. M. S. C., 68.

S. Adams, B. D. (Capt.), Burlington, Base Hospital, Camp Devens.
S. Alden, G. (Navy), Burlington.
V. Allen, L., Burlington.
S. Andrews, B. F., (Navy), Burlington, Naval Hospital, Chelsea, Mass.
V. Archambault, J. A., Essex Junction.
Arnold, F. J., Burlington.
V. A. Barker, H. A., Burlington.
V. Baylies, F. W., Burlington.
V. Beecher, C. H., Burlington.
S. Bishop, H. C., (Navy), Winooski.
V. Bombard, B. J. A., Burlington.
V. Brown, E. T., Burlington.
S. Brown, T. S. (Capt.), Burlington, Fort Oglethorpe, Ga.
S. Bunker, S. M. (Lieut.), Burlington, Camp Kearny, Linda Vista, Calif.
V. Burdick, E. A., Hinesburg.
A. Buck, H. A., Burlington.
V. Buttles, E. H., Burlington.
S. Ciminera, J. A. (Lieut.), Burlington, *in France.*
S. Clark, F. E. (Capt.), Burlington, Ellis Island, N. Y.
Clancey, W. H., Burlington.
V. A. Clarke, J. M., Burlington.
V. Coburn, I. S., Milton.
A. Colvin, H. E., Burlington.
V. Coutu, G. O., Burlington.
S. Courtney, J. W. (Capt.), Burlington. Fort Oglethorpe.
S. Crossman, E. O. (Capt.), Burlington, Ann Arbor, Mich.
V. Dalton, C. F., Burlington.
S. Davis, P. N. (Navy), Burlington.
V. Dodds, J. H., Burlington.
V. Eastman, O. N., Burlington.
V. Eddy, M. O., Jericho Center.
V. Englesby, W. H., Burlington.
V. S. Ennis, F. J., Burlington.
V. Falby, F. R., Charlotte.
V. Falby, F D., Huntington.
V. A. Ferrin, C. M., Burlington.
S. Finlayson, A. D. (Capt.), Burlington, Camp Joseph E. Johnston.
Fitzgerald, J. E., Burlington.
V. A. Flanders, W. G. F., Burlington.
S. Fogg, A. L. (Lieut.), Underhill, Fort Leavenworth, Kan.
V. Forbes, G. I., Burlington.
S. Frank, B. (Lieut.), Burlington.
S. Frost, H. L. (Major), Hinesburg, *in France.*
S. Gannon, C. L. (Lieut.), Burlington, Fort Oglethorpe.
V. A. Hawley, D. C., Burlington.
V. Hayes, T. E., Burlington.
Heath, E. A., Winooski.
V. Hill, A. S. C., Winooski.
S. Hogan, W. L. (Navy), Burlington.
V. Holcomb, L. C., Milton.
S. Holcomb, R. H. (Navy), Burlington.
V. Howard, Sue E., Burlington.
V. A. Hulburd, G. B., Jericho.
V. A. Hunt, H. E., Hinesburg.
V. Hunter, M. W., Essex Junction.
S. Hunter, J. A. (Lieut.), Burlington, Fort Oglethorpe.
V. Jackson, F. K., Burlington.
S. Jackson, H. N. (Major), Burlington, *in France.*
V. A. Jenne, J. N., Burlington.
V. Johnson, C. K., Burlington.
V. Johnson, R. W., Burlington.
V. Kenyon, N. H., Colchester.
V. Ladd, H. A., Burlington.

S. Larner, A. L. (Capt.), Burlington, Fort Worth, Texas.
V. A. LaRocque, J. E., Burlington.
S. Latour, G. E. (Lieut.), Burlington, *In France.*
S. Leffler, H. H. (Navy), Burlington, Washington, D. C.
V. Libby, G. W., Burlington.
A. Lund, W. B., Burlington.
V. A. Lyman, W. A., Burlington.
V. Marvin, D., Essex Junction.
S. Maynard, R. L. (Lieut.), Burlington, *in France.*
V. McCambridge, L., Burlington.
S. McKenzie, W. F. (Capt.), Burlington.
S. McKinley, L. (Navy), Burlington.
V. A. McMurphy, N. W., So. Burlington.
V. A. McSweeney, P. E., Burlington.
S. Mitchell, S. (Lieut.), Richmond.
S. Mitchell, Wm. H. (Major), Shelburne, *in France.*
A. Morgan, G. E., Burlington.
V. Morrison, S. L., Burlington.
S. Murphy, J. C. (Lieut.), (died in service), Burlington.
S. Murray, E. F. (Capt.), Burlington, Camp Pike.
V. A. Nay, W. S., Underhill.
V. Nolan, D. J., Burlington.
V. Norton, W. H., Shelburne.
V. Paris, L. J., Burlington.
S. Paulsen, M. J. (Lieut.), Burlington, Fort Oglethorpe.
V. Pease, C. A., Burlington.
S. Perkins, C. N. (Lieut.), Burlington, Base Hospital, Camp Upton, L. I.
Piette, L. N., Winooski.
S. Pion, P. A. (Lieut.), Burlington.
V. Ravey, C. A., Burlington.
V. A. Rich, F. A., Burlington.
V. Rist, G. F., Burlington.
S. Roberts, D. J. (Lieut.), Burlington, Cornell Medical College.
V. Sabin, G. M., Burlington.
S. St. Antoine, E. (Lieut.), Burlington, *in France.*
V. St. Germain, J. A., Winooski.
V. A. Sears, F. W., Burlington.
V. Shea, D. A., Burlington.
Sheehan, J. W., Winooski.
S. Shirley, A. R. (Lieut.), Burlington.
S. Smart, C. L. (Lieut.), Burlington, *in France.*
V. Sparhawk, S., Burlington.
S. Squires, W. H. (Lieut.), Burlington.
A. Stoddard, F. R., Charlotte.
V. Stone, B. H., Burlington.
V. A. Tanner, J. D., Burlington.
V. Thibault, J. G., Winooski.
S. Thomas, J. D. (Lieut.), Burlington.
V. Tilley, W. T., Richmond.
V. A. Tinkham, H. C., Burlington.
V. Towne, E. S., Burlington.
S. Twitchell, E. G. (Capt.), Burlington, Fort Oglethorpe.
V. Twitchell, M. C., Burlington,
A. Vincent, W. S., Burlington.
V. Watkins, H. R., Burlington.
V. Wheeler, J. B., Burlington.
V. Whitney, C. F., Burlington.
V. Wilder, H. L., Burlington.

ESSEX COUNTY

Number in County, 9.
Number in Service, 1.
Number in V. M. S. C., 8.

V. Bronson, W. M., Lunenburg.
V. A. Elie, A., Island Pond.
V. A. French, G. W., Concord.
S. Guertin, P. P., Bloomfield, with Canadian Army.
V. A. Johnson, R. T., Concord.
V. Ker, W. W., Canaan.
V. A. Norcross, E. F., Island Pond.
V. Parlin, A. E., Island Pond.
V. Sargent, H. E., Island Pond.

FRANKLIN COUNTY

Number in County, 54.
Number in Service, 12.
Number in V. M. S. C., 24.

V. Abell, C. G., Enosburg Falls.
S. Abernethy, L., (Lieut.), Bakersfield, Camp Lee, Va.
V. A. Allen, C. E., Swanton.
V. A. Arnold, W. B., St. Albans.
V. A. Bates, E. A., Highgate Center.
Berkley, G. C., St. Albans.
V. A. Brown, E. M., Sheldon.
S. Caisse, J. M. (Lieut.), Swanton, Camp Laurel.
V. Carey, N. P., East Fairfield.
V. A. Claflin, A. A., St. Albans.
V. Clark, G. S., Richford.
Cross, A. L., Swanton.
V. Davidson, A., St. Albans.
V. Esmond, H. H., St. Albans.
A. Hall, J. B., East Franklin.

S. Hanson, H. B. (Capt.), East Berkshire, Camp Grant, Rockford, Ill.
A. Hefflon, J. F., Franklin.
S. Hermann, B. H. (Lieut.), St. Albans, *in France.*
Hinman, H. D., Enosburg Falls.
Hunt, F. B., Montgomery Center.
V. A. Hutchinson, W. W., Enosburg Falls.
V. Hyatt, E. A., St. Albans.
V. Hyde, Wm. B., Bakersfield.
Johnson, H. H., St. Albans.
V. Johnson, C. U., West Berkshire.
V. Keelan, D. J., Montgomery.
S. King, J. S., (Capt.), Georgia.
V. Lape, E. R., Swanton.
Loftus, C. A., St. Albans.
S. A. Melville, E. J. (Capt.), St. Albans, Harvard Medical School.
S. McIver, D. G. (Lieut.), Swanton, *in France.*
Montefiore, H N., St. Albans.
Morton, A. O., St. Albans.
Norris, F. W., St. Albans.
V. A. Paige, S. W., St. Albans.
A. Patten, A. D., East Fairfield.
S. Patten, J. R. (Capt.), Fairfield, Hoboken, N. J.
Pelton, R. M., Richford.
S. Perley, A. E., (Navy), Richford.
V. Perrault, J. G., St. Albans.
Pierce, H. L., Swanton.
V. A. Powers, D. O., Highgate Center.
A. Powers, M. H., Sheldon.
Pratt, C. A., Enosburg Falls.
A. Reynolds, E. V., Fairfax.
V. A. Scofield, C. S., Richford.
V. Sherwood, Grace W., St. Albans.
S. Skeels, A. A. (Capt. Canadian Army) St. Albans, *in France.*
V. A. Smith, C. C., Richford.
S. Thomas, R. (Lieut.), Enosburg Falls, Camp McClallen, Anniston, Ala.
Upton, W. J., St. Albans.
V. A. Welch, R. E., Franklin.
S. Worden, R. D. (Lieut.), Montgomery Center, Camp Sherman.
V. Wright, W. H., Franklin.

GRAND ISLE COUNTY

Number in County, 6.
Number in Service, 1.
Number in V. M. S. C., 5.

V. Branch, G. H., Grand Isle.
V. Caron, N. J., South Hero.
V. A. Haynes, B., Grand Isle.
V. King, G., Isle La Motte.
S. Martin, S. H., (Capt.), Alburg.
V. Stephenson, F. J., Alburg Center.

LAMOILLE COUNTY

Number in County, 18.
Number in Service, 3.
Number in V. M. S. C., 10.

A. Bacon, H. W., Eden.
V. Barrows, H. W., Stowe.
A. Bates, C. W., Morrisville.
S. Bates, G. L., (Capt.), Morrisville, *in France.*
V. Bean, J. H., Jeffersonville.
V. Cooper, A. V., Wolcott.
A. Eastman, L. L., No. Hyde Park.
V. Holcombe, L. P., Johnson.
V. Johnstone, W. M., Morrisville.
Leach, C. S., Hyde Park.
V. Maurice, G. B., Waterville.
V. Morgan, J. C., Stowe.
S. Newton, G. H., (Capt.), Cambridge, Camp Sevier, S. C.
V. Prentiss, R. G., Johnson.
V. Slayton, W. T., Morrisville.
S. Start, S. G., (Capt.), Cambridge, Fort Oglethorpe.
V. Stevens, J. M., Hyde Park.
Valleau, A. J., Morrisville.

ORANGE COUNTY

Number in County, 25.
Number in Service, 7.
Number in V. M. S. C., 14.

V. Allen, L. B., Post Mills.
S. Angell, F. C., (Lieut.), Randolph, *in France.*
V. A. Bailey, A. C., Randolph.
S. Blood, R. O., (Lieut.), Newbury.
Bradbury, E. A., Braintree.
S. Chamberlin, G. E., (Lieut.), So. Newbury, *in France.*
S. Cross, A. A., (Lieut.), Williamstown, Camp Forrest, Chicamauga Park, Ga.
V. Dow, J. A., East Orange.
V. Ellis, E. E., Brookfield.
V. A. Fletcher, F., Bradford.
S. Gifford, J. P., Capt.), Randolph.
V. Hayward, H. H., Randolph.
Hudson, E. J., Corinth.
S. Hutchinson, W. O. (Lieut.), Washington, Fort Oglethorpe.

V. A. Locke, W. E., Bradford.
V. Marshall, A. T., Chelsea.
V. McKinley, L. E., Newbury.
V. Mitchell, W. C., Tunbridge.
V. A. Newell, H. L., East Randolph.
Perry, R. G., Wells River.
V. Robinson, C. F., Williamstown.
V. Russlow, L. A., Randolph.
V. Scott, G. W., Randolph.
Weaver, Geo. A., Bradford.
S. Woodman, A. B., (Navy), Wells River.

ORLEANS COUNTY

Number in County, 37.
Number in Service, 9.
Number in V. M. S. C., 26.

V. Adams, R. W., Newport Center.
V. A. Adams, G. F., West Derby.
S. Aldrich, F. N., (Lieut.), Derby, *in France.*
V. A. Badger, F. D., Newport.
S. Bibby, E. M., (Lieut.), Craftsbury.
V. Blake, J. M., Barton.
V. A. Blanchard, J. F., Newport.
S. Buck, P. E., (Lieut.), Glover, Newport News, Va.
V. Butterfield, A. M., North Troy.
V. Carter, F. H., Derby Center.
V. Cleasby, E. M., Orleans.
V. Cushman, J. B., East Charleston.
Dillingham, F. S., Craftsbury.
V. Easton, F. B., No. Craftsbury.
A. Erwin, C. L., Newport Center.
S. Flagg, R. S., (Lieut.), No. Troy, Gettysburg, Pa.
V. A. Gatchell, R. A., Derby.
V. A. Gaines, J. H., Newport.
S. Genge, V. P., (Lieut.), Newport, *in France.*
V. Gilfillan, J. C., Beebe Plain.
V. Goddard, A. M., Albany.
V. A. Gould, O. B., Newport.
S. Hastings, F. R., (Canadian Army), Barton, *in France.*
V. Joyal, H. O., Newport.
V. Kendrick, J. F., West Charleston.
V. A. Kinney, F. C., Greensboro.
V. Lamphear, F. L., Orleans.
V. Longe, B. D., Newport.
V. A. Prime, M. F., Barton.
S. Somers, H. E., (Lieut.), West Derby, Garden City, L. I.
V. Taylor, E. A., Derby Line.
V. Templeton, P. C. W., Irasburg.
V. Waldron, G. F., Derby Line.
S. Wells, R. M., (Lieut.), Orleans.
S. White, W. H., (Lieut.), No. Troy.
V. A. Wright, J. F., Orleans.
V. Young, W. A., Lowell.

RUTLAND COUNTY

Number in County, 76.
Number in Service, 20.
Number in V. M. S. C., 52.

V. Allen, T. J., Brandon.
V. A. Baker, O. C., Brandon.
V. Ball, C. F., Rutland.
V. Baldwin, E. Van G., Fair Haven.
V. Bellerose, A. H., Rutland.
S. Brennan, J. P., (Lieut.), Poultney.
V. Carty, J. H., Fair Haven.
V. A. Caverly, C. S., Rutland.
V. Chellis, E. O., Rutland.
V. Clark, E. R., Castleton.
V. Clift, E. B., Fair Haven.
S. Crahan, H. L., (Capt.), Rutland, New Haven, Conn.
S. Cootey, S. A., (Lieut.), Wallingford, Fort Oglethorpe.
V. Clough, O. F., Poultney.
S. Colby, B. D., (Lieut.), Sudbury.
V. A. Cootey, T. A., Rutland.
S. Cray, E. J., (Lieut.), Brandon.
S. Crofutt, E. F., (Navy), Poultney.
S. Delehanty, N. J., (Capt.), Rutland, Indianapolis, Ind.
V. Dervin, J. J., Poultney.
V. Eastwood, J. S., Brandon.
V. Estabrook, J. W., Brandon.
S. Everett, F. H., (Lieut.), Castleton, Camp Hancock.
S. Farrell, E. V., (Lieut.), Danby, *in France.*
A. Fisk, G., Cuttingsville.
Fleming, C. P., West Rutland.
V. Francisco, H. A., Rutland.
V. A. Gale, C. A., Rutland.
S. Gebhardt, F. H., (Navy), Rutland.
V. A. Gee, O. A., Brandon.
V. A. Gilchrist, O. J., Rutland.
V. Griffin, C. E., Fair Haven.
S. Grinnell, W. H., (Lieut.), Rutland.
V. Guiltinan, J. B., West Rutland.
V. Hack, T. H., Proctor.
S. Hagan, T. J., (Major), Pittsford.
V. A. Hall, E. I., Rutland.
S. Hamilton, J. M., (Capt.), Rutland, Fort Williams, Me.
V. Hammond, S. W., Rutland.
S. Hanrahan, H. H., (Lieut.), Rutland, Camp Jackson, Columbia, S. C.

V. A. Hanrahan, J. D., Rutland.
V. Heidel, L. A., Rutland.
V. Hodsdon, W. G., Rutland.
V. Horner, J. S., West Pawlet.
A. Horton, A. E., East Poultney.
V. Jones, H. R., Benson.
V. A. Lape, R., Fair Haven.
V. Lapierre, J. M., Pittsford.
V. Larner, T. E., Rutland.
V. A. Manchester, H. L., Pawlet.
V. Martyn, H. S., Cuttingsville.
S. Marshall, G. G., (Capt.), Rutland, Ancon, Panama.
McIntyre, Mrs. W. A., Danby.
V. Miller, J. H., Wallingford.
S. Morse, C. E., (Navy), Rutland.
V. A. Newton, J. P., Benson.
V. Norton, A. C., Middletown Springs.
V. Parkhurst, G. P., Fair Haven.
S. Peck, H. S., (Lieut.), Rutland, *in France.*
V. A. Perry, C. C., West Rutland.
V. Pond, E. M., Rutland.
V. Powers, B. C., Rutland.
V. Quigley, F. E., Rutland.
V. Rogers, E. J., Pittsford.
V. A. Ross, C. B., West Rutland.
V. A. Rustedt, G., Rutland.
V. Ryan, H. R., Rutland.
V. Seeley, R. H., Castleton.
S. Smith, R. E., (Lieut.), Rutland, *in France.*
V. A. Stewart, W. E., Wallingford.
S. Stickney, W., (Major), Rutland, *in France.*
V. Swift, C. H., Rutland.
V. A. Swift, H. H., Pittsford.
V. A. Thomson, J. E., Rutland.
S. Townsend, W. W., (Major), Rutland, Hoboken, N. J.
V. Welch, J. L., Proctor.

WASHINGTON COUNTY

Number in County, 75.
Number in Service, 22.
Number in V. M. S. C., 31.

S. Andreola, L., (Italian Army), Barre, Overseas.
Archambault, F. X. Z., Barre.
Avery, N. E., East Barre.
S. Avery, R. E., (Lieut.), East Barre.
Bailey, E. H., Graniteville.
V. Bidwell, G. S., Waterbury.
V. A. Bisbee, A. B., Montpelier.
Boucher, A. J., Montpelier.
Burbank, L. W., Cabot.
S. Burr, C. H., (Capt.), Montpelier.
V. Carver, H. S., Barre.
A. Campbell, J. L., Warren.
V. A. Campbell, E. R., Montpelier.
S. Carey, M. D., (Lieut.), Montpelier, *in France.*
A. Chandler, C. E., Montpelier.
S. Chandler, C. P., (Lieut.), Montpelier, *in France.*
Chandler, M. L., Barre.
Colton, E. A., Montpelier.
Corson, F. E., Marshfield.
S. Dewey, J. E., (Lieut.), Montpelier, *in France.*
S. Duffy, P. S., (Capt.), Barre, Camp Devens.
S. Dwinell, F. P., (Navy), East Calais.
V. A. Goodrich, V. C., Barre.
S. Goodrich, S. L., (Lieut.), Waterbury.
S. Grimes, J. R., (Lieut.), Montpelier.
V. A. Grout, D. D., Waterbury.
S. Hall, G. D., (Lieut.), So. Woodbury, *in France.*
V. A. Hanson, L. W., Montpelier.
V. S. Harkness, W. R., Montpelier.
S. Harriman, F. W., (Lieut.), Montpelier, *in France.*
Hayes, G. T. L., Graniteville.
V. A. Haylett, J., Moretown.
Hodgdon, D. W., Plainfield.
V. Hopkins, H. D., Waterbury.
S. Howard, W. J., (Capt.), Waitsfield, Fort Oglethorpe.
V. Hubbell, G. F., Northfield.
Hunt, C. E., Montpelier.
S. Hurley, W. H., (Lieut.), Northfield.
V. Jackson, J. W., Barre.
Jarvis, D. C., Barre.
V. A. Johnson, D., Northfield.
V. Judkins, J. H., Northfield.
V. A. Lamb, M. D., Barre.
S. Lazelle, W. E., (Capt.), Barre.
Lindsay, W., Montpelier.
A. Mayo, W. B., Northfield.
V. McFarland, W., Barre.
McGuire, M. F., Montpelier.
Newcomb, L. A., Montpelier.
V. O'Niel, J. C., Waterbury.
Paiment, A. C., Barre.

S. Parmenter, G. H., (Capt.), Montpelier, Yale Medical School.
A. Petty, A. A., Waterbury.
V. A. Reid, W. D., Barre.
A. Scribner, C. M., So. Barre.
V. Shaw, C. A., Roxbury.
V. Sission, W. H., Northfield.
V. Sprague, E. G., Barre.
V. Stanley, E. A., Waterbury.
V. A. Steele, F. E., Moutpelier.
S. Stewart, J. W., (Lieut.), Barre.
V. A. Stickney, O. G., Barre.
V. A. Templeton, P., Montpelier.
S. Tindall, W. J., (Capt.), Montpelier, Army Medical School.
V. Turner, W. D., Worcester.
S. Wark, J. A., (Lieut.), Barre.
S. Warren, A. B., (Lieut.), Warren.
V. A. Warren, M. D., Cabot.
A. Washburne, G. C., Waterbury.
V. Wasson, W. L., Waterbury.
V. A. Watson, H. L., Montpelier.
V. A. Wheeler, F., Plainfield.
V. Whitney, H. A., Northfield.
S. Woodruff, J. H., Barre, (Capt.), Aide to Governor of Vermont.

WINDHAM COUNTY

Number in County, 50.
Number in Service, 11.
Number in Volunteer M. S. C., 28.

V. Aldrich, C. R., Brattleboro.
Anderson, G. R., Brattleboro.
V. Blodgett, J. H., Bellows Falls.
S. Bowen, W. D., (Lieut.), Saxtons River, Base hospital, Camp Upton.
V. Bowen, E. S., Brattleboro.
V. Bugbee, L. H., Putney.
V. Burnett, Grace, Brattleboro.
V. Clough, L. W., Grafton.
Dunn, S. F., Wilmington.
V. Gale, G. T., West Townsend.
Galvin, J. E., Londonderry.
S. Gilbert, F. L., (Lieut.), Grafton, *in France.*
Gordon, L. B., Williamsville.
V. A. Gorham, G. H., Bellows Falls.
Green, H. P., Brattleboro.
A. Hamilton, F., Brattleboro.
V. Hazen, L., Putney.
V. A. Hazelton, W. F., Bellows Falls.
S. Hefflon, O. V., (Capt.), Wardsboro.
V. A. Hill, J. S., Bellows Falls.
S. Hunter, G. B., (Lieut.), West Brattleboro.
S. Jackson, R. C., (Lieut.), Brattleboro.
V. Kaine, W. J., Brattleboro.
V. A. Kirkland, E., Bellows Falls.
V. Lane, W. H., Brattleboro.
V. A. Lawton, S. E., Brattleboro.
S. Liston, A. C., (Lieut.), Bellows Falls.
V. Lynch, E. R., Brattleboro.
V. A. Miller, A. I., Brattleboro.
V. Milliugton, B. F., So. Londouderry.
Miner, A. L., Bellows Falls.
V. Noyes, W. R., Brattleboro.
O'Brien, J. F., Bellows Falls.
V. Osgood, F. L., Saxtons River.
V. A. Osgood, F. L., Townsend.
Page, L. T., Wilmington.
V. A. Plantz, Laura M., Putney.
V. A. Platt, C. S., East Putney.
S. Rice, T., (Capt.), Brattleboro.
V. Ranney, J. H., Brattleboro.
Rudden, J. T., Bellows Balls.
S. Taylor, H. W., (Capt.), Brattleboro, *in France.*
V. Thomas, A. W., Jamaica.
Thomas, A. J., Jacksonville.
S. Tracey, E. L., (Navy), Brattleboro.
V. A. Tucker, H., Brattleboro.
V. Waterman, H. L., Brattleboro.
S. Wheeler, C. G., (Lieut.), Brattleboro.
S. White, B. E., (Lieut.), Brattleboro, Fort Oglethorpe.
V. Wright, A. H., Wilmingtou.

WINDSOR COUNTY

Number in County, 61.
Number in Service, 14.
Number in V. M. S. C., 40.

V. Bates, C. H., Ludlow.
V. Blanchard, W. S., Windsor.
V. A. Brewster, J. D., Windsor.
V. A. Brigham, F. L., Ludlow.
V. A. Bryant, W. N., Ludlow.
Buchanan, C. E., Felchville.
C. Burnham, A. W., (Lieut.), Windsor, *in France.*
V. Burnett, D. L., Hartford.
V. Burrell, E. C., Bethel.
V. Buxton, G. D., Proctorsville.
V. Chapman, B. A., Springfield.
V. A. Chase, R. M., Bethel.
V. Cram, A. M., Bridgewater.
A. Daley, O. W., White River Jct.
Denman, H. B., Springfield.

V. Doane, I. R., Springfield.
Drake, D. S., White River Jct.
V. Eastman, A. C., Woodstock.
V. A. Fish, E. J., So. Royalton.
V. Fletcher, F. C., Gaysville.
V. A. Freeman, E. J. C., Bethel.
V. Gartland, T. F., White River Jct.
V. Gillette, L. H., Springfield.
S. Goss, R. J., Wilder, (Lieut.)
V. A. Greene, O. D., Bethel.
V. Greene, O. V., Bethel.
V. S. Greenwood, A. J., (Lieut.), Springfield.
V. Hale, Olive W., So. Royalton.
V. Harlow, F. E., Windsor.
V. A. Havens, W. L., Chester Depot.
Hazen, C. H., Springfield.
S. Huntington, (Lieut.), W. M., Rochester.
S. Jackson, H. C., (Capt.), Woodstock.
V. Jones, L. B., Norwich.
V. Kelley, G., Woodstock.
S. Kerrigan, J. P., (Lieut.), Ludlow.
V. A. Kidder, F. T., Woodstock.
S. Kidder, C. W., (Lieut.), Woodstock.
V. Kinson, W. R., Cavendish.
S. Lawrence, H. H., (Lieut.), Springfield.
V. A. Locke, C. W., Springfield.
S. Martin, S. S., (Capt.), Windsor.
McCabe, Alice, White River Jct.
S. McKewan, S. H., (Lieut.), Windsor.
V. Merriam, C. E., Rochester.
S. Miner, R. H., (Capt.), Windsor.
S. Munsell, C. P., (Lieut.), So. Royalton.
V. Patch, A. L., Windsor.
Pierce, D. C., Ludlow.
V. A. Ray, C. W., Chester.
S. Roberts, G. X., (Capt.), Chester.
V. Rogers, V. M., Quechee.
Smith, C. A., Weston.
S. Stanley, M. P., White River Jct.
V. Stevenson, J. A., Chester.
V. Stone, E. A., Sharon.
V. Ward, H. S., Springfield.
V. Ward, C. E., Hartland.
S. Weston, H., (Lieut.), Windsor.
V. Wilson, H. B., White River Jct.
V. Worthen, C. W., White River Jct.

Physicians Refused Commissions on Account of Physical Disability.

Aldrich, C. R., Brattleboro.
Allen, L. B., Post Mills.
Ball, C. F., Rutland.
Bellerose, A. H., Rutland.
Bidwell, G. S., Waterbury.
Doane, I. R., Springfield.
Eastman, A. C., Woodstock.
Fitzgerald, J. E., Burlington.
Gale, G. T., Brattleboro.
Hodsdon, W. G., Rutland.
Jackson, J. W., Barre.
Johnstone, W. H., Morrisville.
Keelan, D. J., Montgomery.
Lane, E. S., North Ferrisburg.
McKinlay, L. E., Newbury.
O'Neil, J. C., Waterbury.
Prentiss, R. W., Middlebury.
Prentiss, R. G., Johnson.
Russlow, L. A., Randolph.
Sparhawk, S., Burlington.
Whitney, H. A., Northfield.
Wilder, H. L., Burlington.
Wright, A. H., Wilmington.

Physicians Honorably Discharged from Service on Account of Physical Disability Prior to Entrance into the Service.

Ennis, F. J., Burlington.
Greenwood, A. J., Springfield.
Harkness, W. R., Montpelier.

Died in Service.

Murphy, J. C., Burlington.

List of Those Examined but Not Yet Commissioned.

Buchanan, C. E., Felchville.
Carroll, D. J., Vergennes.
Drake, D. S., White River Jct.
Gilfillan, J. C., Beebe Plain.
Goodrich, J. P., Burlington.
Greene, H. P., Brattleboro.
Hinman, H. D., Enosburg Falls
Hunt, F. B., Montgomery Center.
Hurley, E. J., Bennington.
Lapierre, J. M., Pittsford.
Leach, C. S., Hyde Park.
Lindsay, Wm., Montpelier.
Patch, A. L., Windsor.
Pierce, H. L., Swanton.
Sargent, C. A., Burlington.
Sargent, H. E., Island Pond.
Ward, C. E., Hartland.

Number of physicians in state..... 652
Number of physicians over 55 years of age, 160
Number of age eligible for service..... 492
Number in service 174
Number in V. M. S. C. 390
Died in service 1
Honorably discharged from service 3
Found physically disqualified on examination 23
Examined but not yet commissioned 17

Excerpts from Other Journals

CONSERVATION OF CHILD LIFE.

L. R. DeBuys, New Orleans, begins his chairman's address before the Section on Diseases of Children at the Sixty-Ninth Annual Session of the American Medical Association with the statement that every man was once a baby, but unfortunately most men have forgotten the fact. It is necessary for the men of the medical profession to lead the public in the consideration of this fact. The work of conservation of child life should begin, first, with the parents of the future children; second, the prenatal care; third, the parturition; fourth, the newly born; fifth, infancy; sixth, the neglected period from 2 years to school; seventh, the school child to puberty; eighth, puberty; and ninth, adolescence. The first period has reference to the venereal problem, and the second is closely associated with the first, but has not yet received the attention it deserves. The same may be said of the next four periods. Greater attention has been given to the later ones, though there is yet much to be done in these periods. The author calls special attention in his address to the second, third, fourth, fifth and sixth periods of the child's life. More or less provision has been made for each of these, with probably the exception of the sixth or neglected period, and yet the child is more exposed to outside influences during this perod than during any other. Imagine, De Buys says, a yearly loss of 300,000 lives of children, one-half of which is acknowledged to be due to preventable causes. Should we have the loss of as many lives among our soldiers what a howl it would cause. Like other authorities De Buys considers the economic questions involved and the commencement of the work of child conservation will, he believes, secure reliable information by the proper control of registration of births and deaths. Without this we can have no accurate knowledge of the infant mortality rate, the most reliable index of community well being. This can be obtained at once if it were put under federal control. With a federal law calling for the proper registration of births and deaths, providing penalties and employing prosecution when necessary, the registration machinery in the various states, so far as it exists and is up to the federal standard, can be allowed to remain. Since the constitution provides for the ascertainment of the ages of members of congress and the president, it is evident that congress has power to enact legislation to this end, and the diffculties in some instances in proving the age of drafted men show its necessity. In order to secure the best results there should be uniformity in plan and the registration should be under the direction of qualified medical men. The responsibility for the conservation of child life is therefore brought to the attention of the pediatrists represented in the Section. Several tables accompany the report showing the results of the measures already in force for the saving of child life. Also the sex proportion of birth and sex infant mortality in the United States and the birth and death rates of other countries.

MASTOIDITIS

G. H. Lathrope, Morristown, N. J. (*Journal A. M. A.*, Aug. 10, 1918), gives an account of the streptococcic mastoiditis which occurred during the past winter at Camp Shelby, Miss. In all, 123 soldiers developed acute mastoiditis of one or both sides. Middle ear involvement invariably preceded it, though in several cases the middle ear invasion and mastoid seemed synchronous, so rapidly did the infection mature. By far the greater number of cases were due to the streptococcus of the *S. viridans* group, though some were due to the hemolytic germ. In most cases the preceding diseases were measles, respiratory disorders and otitis media. Mumps, scarlet fever and erysipelas cases were comparatively few. The figures for respiratory diseases might have been larger than have been shown, and respiratory disorder had its part in a large number of the measles and otitis cases. The relation of antecedent diseases and the bacterial incidence among the 123 cases of mastoiditis is shown in Table II of the article, and the results of cultures are stated. There were 12 deaths in the mastoiditis cases. The following are the author's conclusions: "Imperfect as this study is in many respects, the following conclusions seem to be justified from the facts and analogies presented: 1. The Army camp in question ap-

pears to have suffered this past winter an 'epidemic' of acute mastoiditis. 2. This exhibition of mastoid infections is only one expression of the general streptococcus incidence in the camp. 3. The latter streptococcus invasion, in turn, is but a sideshow in the very widespread wave of streptococcus disease throughout southern Army camps. 4. It is peculiar in two points: (*a*) The dominant organism is the *Streptococcus viridans,* and not a hemolyzing streptococcus, as appeared elsewhere; and (*b*) its chief expression is in the form of an unusually severe involvement of the middle ear and mastoid tissues. 5. Measles played a prominent part in giving the streptococcus a start in its work, and stands by itself as an etiologic factor in the development of the severer types of mastoiditis.''

ENURESIS

J. I. Grover, Boston (*Journal A. M. A.,* Aug. 24, 1918), reports observations on about 200 cases of bedwetting for over seven months, all in children under 12 years old. Sixty-two per cent. were boys, and in most cases there was a family history of similar conditions. In 59 per cent. the wetting took place only at night, and in 68 per cent. it occurred every night, the remainder less frequently. Seventy-nine per cent. had always wet the bed from babyhood; 20 per cent. began later in life after a normal period. Fifty-one per cent of the boys had previously been circumcised without good result as regards this condition, and 36 per cent. had had adenoids removed without apparent relief. In two cases they were made worse. Only two patients were feeble-minded, and four had some external genital abnormality. There were many accompanying conditions present, among the more frequent being pinworms in thirty-four cases, pyelitis in eleven, tuberculosis in five, chorea in four, orthostatic albuminuria in four, adherent prepuce in four, and thirteen other conditions, such as would be met with in any ordinary clinic. Enuresis is probably never a disease entity, says Grover, but simply a symptom or evidence of an underlying cause, namely, a neuromuscular fatigue. It is not localized but general, and is a chronic condition. The patients are active and nervous and sleep soundly, waking with difficulty. The author believes that it is a similar neuromuscular fatigue that makes some children stutter and others have habit spasms. Mental strain is often a factor. Many of his patients attended parochial schools that exacted almost seven consecutive hours of work, besides two or three hours doing home lessons at night. Diet is another important factor. It was very poor in 95 per cent. of the cases. The patients were getting plenty of food, but it was not the kind needed. Indigestion was uncommon, but the gastro-intestinal tract was constantly under strain. Besides the general underlying cause of neuromuscular fatigue, habit must be reckoned with, and Grover compares the cause and habit in enuresis to it as being due sometimes to the cause and habit in whooping cough. The size of bladder must also be considered. It is never fully distended in the congenital cases and this must be treated. The treatment given was altogether on dietary and hygienic lines. The diet was regulated and all food was forbidden between meals. The selected diet list included milk, eggs, butter, meat, fish, bread stuffs, cooked cereals, macaroni, vegetables, oranges, stewed fruits, and simple unsweetened desserts. Soups, coffee, cream, candy, pastry, highly seasoned foods, etc., were forbidden. The child was required to be in bed at 7 p. m., and in very nervous cases school was temporarily prohibited and a nap required at noon. No play was allowed after 4 p. m., but the child could entertain himself by books or toys in a chair. Moving picture shows, music lessons and home lessons were prohibited. The habit element was treated in the usual way. No fluids were allowed after 4 p. m., and there were regular hours for urination at night, punctuality being required. The day wetters were made to urinate at regular stated times, anywhere from every three hours down to every twenty minutes. Nineteen per cent. of 131 cases ceased the habit after their first visit for instructions, and another 23 per cent. were cured within a few weeks or months. An additional 31 per cent were reduced in number of wettings to once a week or so, and 13.5 per cent. were partially relieved. Sixteen per cent. were not relieved at all. Many of the other co-existing disorders were markedly improved, such as habit spasm, stuttering, petit mal in one case and almost all recognized an improvement in their irritability and gained

weight although there was often an initial loss at the beginning of the treatment. It is common knowledge that mild cystitis and pyelitis are secondary conditions flaring up when the patient is run down or diseased. The general body fatigue may be responsible for both. On the same theory atropin, strychnin, or thyroid may act as nerve or muscle tonics. It is usually conceded that drugs without proper hygienic treatment have little effect. As the children were all outpatients and the treatment carried out at their homes, perfect success could hardly be expected but the paper is offered as showing the effect of simple regular diet, rest and little or no excitement in these cases.

PRESYSTOLIC THRILL

R. S. Morris (Cincinnati), Lakewood, N. J., and Alfred Friedlander, Camp Sherman, Chillicothe, Ohio (*Journal A. M. A.*, Aug 3, 1918), say that in the course of their work as cardiovascular examiners they were impressed by the finding of presystolic thrills in recruits in whom they could detect no other evidence of valvular disease. The thrill is one of short duration, felt only at the apex of the heart preceding the apex thrust and ending with the shock of the first sound. It is never, in their experience, as intense as the thrill felt in well marked cases of mitral stenosis, and it is best felt when the heart's action is accelerated and is always lost in recumbency of the patient. With a slow, quiet action of the heart it is commonly lost even in the erect posture. A systolic, apical shock of variable intensity is palpable immediately after the thrill, and with the presystolic thrill they find almost constantly a reduplication of the first sound at the apex and usually also at the tricuspid area. It also decreases or is lost in lying down. They have not been able to detect presystolic murmurs either before or after exercise or with the subject standing or recumbent. They believe that the services of many soldiers have been lost to the government by the rejection on account of this functional thrill. They find that it has been already noticed elsewhere by Sewall and others and is a normal phenomenon in a certain proportion of healthy adults.

PREVENTION OF PNEUMONIA

Rufus Cole, New York (*Journal A. M. A.*, Aug. 24, 1918), says that up to last autumn little attention was given to pneumonia as a probable menace to our newly formed Army. There were not lacking warnings, however, and in November and December the disease became alarmingly prevalent. A year ago the discussion of the subject would have been confined to a consideration of the prevention of acute lobar pneumonia due to pneumococci, but today we have entirely changed our point of view, and the acute lobar pneumonia is considered an endemic disease, while streptococcus pneumonia, which has become so prominent of late, occurs chiefly in epidemic form on account of the extreme variableness in the pathogenic properties of the streptococcus. Dr. Theobald Smith has called attention to the fact that streptococcus infections in animals are not self-perpetuating. They occur as epidemics, usually secondary to other diseases. This is also true in man. A suitable soil is needed and, this provided, the germs rapidly gain in virulence. An epidemic of measles provides the proper soil. Such an epidemic probably is unpreventable but the number of cases can be possibly limited. The time to stop streptococcus bronchopneumonia is at the beginning. Later it is extremely difficult. The measures to be taken are reviewed and especial emphasis laid on isolation. The personnel of the infectious disease hospital should be distinct from the general one, and have the facilities for still further divisions as measures of prevention of the spread of disease. The prospects of treatment of the lobar type of serum methods are sufficiently promising to warrant their thorough trial.

MODERN INDUSTRIAL MEDICINE

C. G. Farnum, Peoria, Ill. (*Jour. A. M. A.*, Aug. 3, 1918), says that industrial medicine at the present time has advanced greatly from what it was a few years ago, and the term modern industrial medicine does not mean what passed under this name even a year or two ago. Our ideals of yesterday are obsolete today, and we have vision and faith to believe that our dreams of today will be realized tomorrow. There is one particular phase of the subject that the author wishes to emphasize.

In a well organized department of medical supervision in a modern industrial plant where every applicant is given a complete and painstaking physical examination before he begins work, the labor he is asked to perform is largely influenced by the physical findings. The number of physically perfect specimens is not great in normal times, and they are becoming fewer each month with the withdrawal from industry of men for military service. How important it becomes, then, for each worker to be placed at work compatible with his physical condition so as to utilize to the utmost the talent he possesses! We are facing a twofold problem of the need for greatly increased production with a greatly decreased number of producers. Conservation is the slogan of the times, and we should work for the conservation of the workers. Farnum says he has walked through industrial plants in an hour and has seen a hundred jobs filled by apparently able-bodied men, which could have been done equally well by a cripple. At the same time the employment department of that plant was rejecting the very cripples who could have done the work as well. In the plant where he himself works, the superintendent of safety has but one leg and is more valuable on that account. Recently eight men came to his office at one time for examination. One was minus an arm, two were each minus one leg, and one was minus both feet. These men are now doing the work they were given to do as efficiently and are receiving the same wage for it as though they were physically perfect. The statistics accessible to some of us bring out two striking facts; first that the labor turnover varies inversely as the physical defects of the worker, and second, that the worse the physical defect, the less the accident incidence. Applying these facts to the present situation of the problem of the crippled soldier, the author says his re-establishment in the industrial world lies in the hands of the industrial medical men, and the industries they represent. Their plan has been developed and in some of the plants has proved its worth in active use.

VISCERA SYMPTOMS IN NERVOUS DISEASES.

F. X. Dercum, Philadelphia, calls attention to the tendency of modern specialism to narrow the diagnostic view and cause misinterpretation of symptoms. This is especially apparent in regard to nervous diseases where visceral symptoms, or symptoms simulating visceral disease, are extremely common and may lead to needless surgical interference or medical maltreatment. This may not be altogether the fault of the internist or of the surgeon. Neurologists have too frequently given themselves up to vague speculations and even to metaphysical explanations. Of late years, too, we have the Freudian dictum of the psychogenic and sexual origin of all nervous symptoms, which leads to an unfortunate situation. Leaving this aside, however, Dercum says let us make amends to the internist and the surgeon by meeting them on the common ground of rational and scientific medicine. It is impossible also to consider radically the subject of the visceral symptoms of nervous disease, and the author confines himself in his remarks to general principles, taking up first the functional disorders. The neuroses separate themselves rationally into, first, neurasthenia, the neurosis of chronic or persistent fatigue; second, psychasthenia, an affection made up of an existing neuropathy plus nervous exhaustion; third, hysteria, the disease of suggestion; and last, hypochondria, an affection in which, without real organic or functional disturbances, the patient suffers from a fixed conviction of disease. Among physicians and even among neurologists the serious study of neurasthenia has been too much neglected and they have failed too often to make the distinction between neurasthenia and the general weakness sooner or later accompanying visceral disease. If we limit the application of the term neurasthenia to the symptoms arising in persistent or chronic fatigue, the clinical picture clears up and it is possible to make a definite symptom-group apparent. He mentions the sensory and motor symptoms as well as the psychic ones, but it is especially the somatic phenomena of neurasthenia that are here involved. The point of importance to be borne in mind is not to forget the general condition or to overvalue the symptoms. Such a diagnosis as that of angina pectoris when the symptoms are only those of a neurasthenic cardiac attack is most unfortunate. The picture presenting itself in hysteria is still more interesting and important, and one must here keep in mind the factor of suggestions which may cause multiple symptoms suggesting or-

ganic disease. The so-called painful stigmata are the most frequent of all the phenomena of hysteria and are often the cause of misled diagnoses. Dercum says that he can truthfully say that he rarely has a patient of hysteria admitted to his wards without its showing the scars of one and often of many and repeated surgical operations. He has repeatedly had the experience of receiving patients on whom a first operation for appendicitis has been performed with perhaps removal of the right ovary, then removal of a second ovary, next a hysterectomy, and finally other procedures such as removal of the coccyx or perhaps some operations on the gallbladder. The pains of hysteria are distinguished from the pains of true visceral disease by the fact that they are purely superficial and are also over other parts. Symptoms of the special sense organs are often present and the suggestibility of the patients is shown in their desire to present the symptoms that may mislead. In psychasthenia the syndrome may be complicated, but if visceral symptoms are present to any extent they are of the same general character as those in neurasthenia. In organic nervous disorders he says the diagnosticians may be misled by visceral symptoms complained of by the patient. He has repeatedly met with tabetic and paretic patients who have been subjected to needless surgical operations, and he insists on the importance of a thorough neurologic examination in all cases.

VENEREAL DISEASE CONTROL

W. F. Snow and W. A. Sawyer, Washington, D. C. (*Journal A. M. A.*, Aug. 10, 1918), discuss the control of venereal diseases in the Army. They are spread essentially by contact, and while the problem is simplified by the fact that they do not exist in the lower animals, and are not carried by them, nor is their transfer by inanimate objects common, as the germs tend to die out rapidly away from the human body, another important fact bearing on the methods of control is that disease carriers are common who seem well and regard themselves as so, but who are nevertheless capable of infecting others. Control of venereal diseases has been inadequate in civil life because most health authorities have felt little responsibility for them, though, taken altogether, not even tuberculosis is a greater public health problem. In the Army they exceed all other communicable diseases in numbers and disability caused, as is shown by charts which, however, need interpretation. The annual rate as recorded for the first time in a given week, is reckoned by the actual number of cases multiplied by 52, as an annual rate is required instead of a weekly rate, and divided by the total number of men in thousands to obtain the rate per thousand, and it would be a grave error to quote the figures in such a way as to give the impression that fifty-two infected men had been discovered in every thousand in one week. Newly drafted men bring in a large number of cases as compared with the astonishingly small number contracted after the men are in uniform. It must be pointed out that the disease brought into the Army is the accumulated uncured disease of the newly enlisted men, in some cases of years' standing. The explanations of the charts are quite full and intelligible. The relatively large amount of these diseases brought by colored troops is notable, and must be reckoned with in any plan for control. Before the present war the principal emphasis was placed on the instruction of the soldier against exposure, and the use of early prophylactic treatment. The Army had little success in persuading civilian communities to aid. At present matters are better. At least twice a month every soldier is inspected, and if infected is put under treatment. He is restrained to the camp as long as he is a carrier, loses his pay while disabled, and is punished if he refuses to take the early, or prophylactic, treatment. He is questioned also as to the source of contagion and the information is turned over to the civilian health authorities to co-operate in the work. Infection of the soldier involves the civilian and in the greater part the civilian is responsible. The details of co-operation by public health agencies are described. In thirty-four states and one territory these infections are obliged to be reported. Over five-sixths of the cases in the figures that have been obtained were contracted before enlistment, and the prophylactic regulations are applicable to civilian communities and should be generally adopted. The control of such disorders as a group forms the greatest public health problem of today, and the one that gives most promise of solution in the immediate future.

CONTROL OF VENEREAL DISEASES.

One million dollars will be expended by the Federal Government through the State boards of health in venereal-disease control during the fiscal year ening June 30, 1919. This sum is made available for expenditure, under regulations established by the Secretary of the Treasury, by an act of Congress approved July 9, 1918. An officer of the Public Health Service will have general charge of the work in each State in co-operation with the State health officer. The activities will be the following:

(*a*) Securing of reports of venereal infections.

(*b*) Control of those infected, so as to prevent further spread of the diseases.

(*c*) Establishment of free venereal clinics.

(*d*) Suppression of vicious conditions which favor the spread of venereal infections.

(*e*) Carrying out of systematic educational program for the general public as well as for those who are infected.

The act gives authority for a new division in the Bureau of the Public Health Service, to be called the Division of Venereal Diseases. Such a division has been organized and a chief appointed.

The act also grants authority to the Public Health Service for the regulation of the interstate travel of venereally infected persons. The regulations are in course of preparation. —*Public Health Reports*, Aug. 9, 1918.

SYPHILIS AND DIABETES.

The causual relations of syphilis to diabetes have been investigated by J. R. Williams, Rochester, N. Y. (*Journal A. M. A.*, Feb. 9, 1918). When it is estimated that from 100,000 to 1,000,000 diabetics and about 3,000,000 syphilitics exist in this country, the relation of the two diseases requires careful study. It is generally believed that the Wassermann reaction is the best means of diagnosis of syphilis, but the writer says it seems hardly credible that there can be such a discrepancy between the actual figures and the clinical evidences of the disease as is elicited by history taking and the Wassermann test as suggested by Warthin's study of syphilis as a cause of diabetes. Rosenbloom says he has been able to demonstrate syphilis clinically in seven of the sixty-two cases of diabetes, or 10.3 per cent. He also cites the experience of a number of other clinicians who found diabetes even less frequent. To a considerable extent, the literature supports the belief that there is a close conformity between the serologic and anatomic findings in the study of syphilitic infection and Warthin's limited investigation is the only study suggesting that latent syphilis can exist in any large number of persons whose blood serums show a negative Wasserman reaction, and his limited serologic data largely negative his conclusions. For a number of years, the writer says, he has had a special interest in the subject of diabetes and has made a practice of tabulating from the histories all observable abnormal changes in body structures or functions. He gives the results of the examinations of diabetes reacting negatively to the Wasserman reaction. Holding that this reaction is a clinical diagnostic aid in from 70 to 90 per cent. of syphilitics, he finds that, in the hands of clinicians of large experience with diabetic cases, the Wasserman test has been positive in only from 3 to 10 percent. of those examined. In his own experience, only only four cases out of 143 thus reacted. Careful physical examination of 126 cases for characteristic syphilitic signs fails to support Warthin's view that syphilis is a frequent causal factor of diabetes. Thirty-seven of the writer's patients had a cholesterinemia and yet reacted negatively to the Wassermann test. Since cholesterol is purposely added to the test to increase its sensitiveness, it would seem that if these patients had had the slightest trace of syphilitic infection they would have shown it. Hence his study does not support the view held by Warthin that syphilis is the chief etiologic factor of pancreatic diabetes. In fact, it would seem to indicate that syphilis is rarely the provocative agent.

BLOOD PRESSURE.

Clyde Brooks and A. M. Bleile, Columbus, Ohio, report the results of a study undertaken to determine the causes of certain sounds heard in the auditory method of taking blood pressure. The conclusions are substantially as follows. The beginning of regular, rhythmic, snapping sounds is the best criterion point for use clinically in measuring the so-called systolic blood pressure, while that for measuring the so-called diastolic blood pressure is the lowest point where the snapping sounds are audible, or where they just cease to be heard. The auditory method of measuring blood pressure is more satisfactory than the palpatory or sphygmographic method.

Book Reviews

DISEASES OF THE HEART.

By Sir James MacKenzie, F.R.S., M.D., F.R.C.P. 3rd Edition. Oxford Univ. Press. 1918. $10.00.

Greater strides have probably been made in the knowledge of the etiology, diagnosis and treatment of cardiac diseases within the past few years than in almost any other subject connected with medicine, and to MacKenzie belongs the credit of laying the foundation for nearly all that has been accomplished along that line.

Working patiently, and largely alone for nearly a quarter of a century, he finally was able to shed new light on the etiological problem of heart failure which has resulted in an entire change of our understanding of the causes and effects governing it.

Since the first edition of this work appeared in 1908.the advance of knowledge has been so rapid as to require an entire re-writing for the present edition, which has been made to include everything within the present light of knowledge of the subject.

An appendix containing ninety-two case reports with tracing of the various pulses furnishes practical proof of views expressed in the text, and illustrates the influence of therapeutic measures upon the predisposing causes of heart failure.

We know of no single volume from which the average medical man can obtain so much information that is of real value. C. W. B.

THE UNGEARED MIND.

By Robert Howland Chase, A.M., M.D., Physician-in-Chief Friends Hospital (for Mental Diseases). Cloth. Price, $2.75 net. Pp. 351, with 6 illustrations. Philadelphia: F. A. Davis Company, 1918.

In this book Dr. Chase has been kind enough to do more than the title promises, for he has unconsciously given us an illustration of his title in himself. We have read it through with the hope of finding something to recommend, but must confess our failure. It is written in the rambling, slovenly English that has to a less degree marked so many of our American medical efforts. Not only may one search vainly for new ideas or for striking phrases or for apt expressions or for illuminating definitions—there is absolutely nothing of interest or intertainment in its 338 crude, mediocre pages. He uses words without any regard to their meaning as when he describes a young man "merging from his teens," when he means "emerging." *Merge* means *to sink.* He alludes to "one of Chesterfield's humorous essays," when a prominent characteristic of Lord Chesterfield was an entire lack of humor. He usually fails to make his idea clear. He says for instance, "The male and female germ cells, although very different, are essentially alike." His moral reflections are taken from E. P. Roe or E. D. E. N. Southworth. Read the following commonplace gem, and do not fail to note one instance as well of his customary phrasing, "It is not that there is danger with the young by inculcating the principles of piety and morality. Indeed, no education can be regarded as complete and wholesome without it. It is not this, by any

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means, which is at fault, but the injudicious abuse of it upon immature and yielding minds.'' His personal reminiscences, of which the book has many, are not to be surpassed for puerility, and his ''Table-Talk'' is a model of dullness, where it is not relieved by active mis-statements. In one spasm of self-confidence he remarks, ''I can never hear portions of Wagner's *William Tell* without living over scenes of my boyhood.'' It was Rossini who composed the *William Tell.*

His book abounds in quotations of which some are good of themselves without having the slightest connection with the context, being evidently taken at hap-hazard with the intention of showing the author's reading. But Dr. Chase evidently does more than read—he discovers. He discovered that Homer ''had wonderful powers of endurance,'' which, if a true and authentic discovery, adds an uninteresting fact to our meagre knowledge of Homer but shows a surprising intimacy with him which might have been more profitably exploited by quoting us a few biographical notices of the Greek poet which would have put an end to Wolf's theory of the multiple authorship of the Homeric poems. We have always felt that the great test of practical psychology would he in its ability to solve just such questions of authorship by subjective and intuitive processes, but Dr. Chase does not seem to help us much. On the whole The Ungeared Mind is an ungeared book.

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Rutland, Vermont, October, 1918

HENRY W. PUTNAM MEMORIAL HOSPITAL, BENNINGTON, VT.

By Mary A. Baker, R. N., Supt.

The people of Bennington are very happy in the possession of their new hospital, a gift of the late Henry W. Putnam and his son, Henry W. Putnam Junior.

Mr. Putnam Senior before his death gave the village of Bennington its water system and in the deed of gift provided that the net income from this service should all go to the building and maintenance of a hospital for the use of the village and surrounding country.

Ground was broken on May 31st, 1916, with appropriate ceremonies. The corner stone was laid on August 16th, 1916. The building was opened for public inspection on May 31st and June 1st and 2nd, 1918, when thousands were shown through the building and entertained. On June 10th, 1918, it received its first patient. That this hospital has filled a community need is shown by the fact that in twelve weeks it has cared for one hundred and two patients and has done fifty-eight major operations.

The affairs of the hospital are administered by a corporation organized for that purpose. After the death of Mr. Putnam Senior, the son gave the corporation the funds to build and equip this hospital, thus hastening its completion by a number of years and

assuring the income untouched for its maintenance.

The building, crowning a lovely knoll, is a simple modified Colonial type, built of rough face brick with white Vermont marble trimmings and has a green slate roof. The hospital is flawless in its proportions and is of fireproof construction throughout. Re-inforced concrete, brick, tile, terra-cotta and gypsum have been used. All ledges have been eliminated. All corners and junctions are rounded and doors are flush panel.

The orientation is particularly good, all parts of the hospital getting sunlight part of the day, during the entire year. It faces east, the long axis running north and south.

The landscape gardener and architect have carefully provided for additional buildings, the planning of the grounds being adapted to such expansion of the present plant.

The approach has been beautified by a marble fountain and benches, with a bronze bust of the late Mr. Putnam in the foreground. This is an artistic piece of work done by MacNeal of New York City.

A bountiful war garden has provided many fresh vegetables and a winter's store.

A garage, in course of construction, is to house the ambulance and three cars. It has a basement for the heating plant and storage of the machinery and tools, with living quarters above, the whole equipped in a complete way, and is nearly ready for service.

The subway connecting the hospital with the proposed nurses' home is about complete. The plans and funds for this home are immediately available but war conditions have delayed its construction as well as a contemplated green house.

The heating system of the hospital is a Broomell vapor system. The boilers were built by a local firm and are of the air tube type. They have proven very satisfactory.

The ventilating system is very simple and effective. It consists of a gravity system accelerated by heat radiation in the exhaust duct. When required, sufficient electric fans are available.

The local electric light company has given a low rate on a cooking circuit and this is available over the entire plant. The kitchen, X-ray room, laboratory, elevator, laundry, etc., have a power current. Gas duplicates heating, sterilizing and cooking equipment. High pressure steam is carried to operating suite, kitchens, utility rooms, accident room, laundry and blanket warmers on all floors.

The elevator, directly facing the entrance, is an electric push button pattern and will carry a hospital bed and attendants.

Stairways from attic to basement are near each end of the main corridors. These have wide treads and low risers with platforms at proper intervals. There is another flight in the west wing from boiler room to servants' quarters over the kitchen.

The main entrance leads directly to the vestibule, which has a bronze tablet to the donors, and marble benches, a special gift. The Superintendent's and main office are on either side. The main corridor runs north and south. At its termination are ten-bed wards opening into two-bed solariums. These have ramps, making it possible for wheel chairs to reach the garden.

The maternity ward of four beds and the crèche for four babies open directly upon the corridor. The children's ward of six cribs and two double private rooms, with the public reception and accident rooms, complete the first floor plan for care of patients, forty-two in number.

The nurses' stations, maternity ward and crèche have running water, electric plugs, etc. The crèche has a mixer with special arrangement for spraying the infants and is equipped with an incubator.

All washstands in the hospital have a spray and are operated by a knee-acting device.

The utility rooms, diet kitchens, bath rooms, toilet, linen closets and blanket warmers are placed at each end of the corridors, between the wards and staircases. The glass-enclosed nurses' stations are at the ward entrance. This arrangement of space insures against lost motion and tends to efficiency in administration.

The utility rooms are equipped with the latest model of bed pan sterilizing device, shelving, racks, slop sinks, gas stoves, etc.

The diet kitchens are complete with gas and electric stoves, sinks with drain boards, refrigerators with direct drainage, dish closets, tray carriers, etc.

Food is conveyed from the main kitchen by means of a portable electrically heated food conveyor, which is plugged in and maintains heat successfully.

The ambulance entrance is overlooked by the Superintendent's office, and opens into the angle made by the west wing and main building. It leads directly into the accident room, where patients are examined and admitted. This is fitted out with running water, sterilizing outfit, toilet and the usual table and cabinets.

The service wing contains the staff dining-room with ample serving pantry, the servants' dining-room, two storage pantries, ice chamber, etc. This has the usual freezer, vegetable peeler, etc., which are motor-driven.

The main kitchen has north and south windows and an exhaust fan. It is fitted with large sinks and drain boards, electric dish washer, steam table and electric, coal and gas stoves.

Part of the west wing on the second floor is equipped for servants' quarters, with necessary plumbing, light and heat, and is reached by a special staircase. This suite is separated from the operating suite by a solid partition.

The operating suite is in this west wing and consists of surgeons' and nurses' dressing rooms, sterilizing room, delivery and operating rooms. Its fittings are complete and include an exhaust fan in sterilizing room, washstands in all rooms and shower and toilet in doctors' dressing room. The operating room has a large north studio window and two south double windows. The cross light is controlled when necessary by black rubber shades. The electric lights are placed on the ceiling at the four corners of a rectangle 5 x 7 feet. This avoids heat and shadows, always present where concentrated light is used, and has proven very satisfactory.

The second floor main wing duplicates the utilities of the first floor. Private rooms, twelve in number, six with communicating baths, occupy the entire corridor. A door across this hall, near the elevator and entrance to the operating wing, secures a greater degree of quiet. At this time the Superintendent

and nurses occupy all but five of these rooms as well as rooms in the village. The roofs of the wards and solariums have been floored. These will be protected by stout awnings, making it possible to move patients into the open, a most desirable arrangement.

The basement provides space for the drug room, laboratory, morgue, linen and store rooms, X-ray and dark rooms, carpenter shop, assembly room, laundry, sleeping quarters for day and night engineers, with complete lavatories, toilets and shower baths. There are ample coal pockets, a boiler room and another room housing the switch board and transformers.

The present capacity is forty-seven beds, cribs and basinets. Should the need arise, a ward of six beds could be made of the carpenter shop as all utilities are convenient. With wards added to the second floor of the hospital and the nurses in their home, the patient capacity would be eighty. This is more than will be required for many years by the community.

The prevailing color scheme is a quiet, neutral tint of brown. There is no glaring white in the building. The woodwork is of the same color except that of the offices, which are finished in fumed oak. The tiles used in the operating suites, diet kitchens, baths, toilets and utility rooms are cream color and satin finish. The private rooms are furnished in old ivory finished furniture, Gatch-Morton beds in same tint, single color artistic hangings and washable flax rugs, which give a pleasing effect. A silent signal system and inter-communicating telephones have been installed.

The floors are composition throughout and are satisfactory to the eye. The entire equipment is very simple and complete, the general effect and atmosphere being one of safe, homelike comfort. A dietitian has supervision of all diets.

The hospital is staffed by graduate nurses, who have the assistance of competent nurse maids and diet kitchen maids.

The hospital maintains a resident house doctor, who is also a laboratory expert. The heavy pathology is done outside.

The surgical service has been successfully organized, uniformly excellent results having been achieved.

The X-ray department was delayed in a most disappointing way, but is now giving very good service. This is in charge of a doctor from a nearby city and is of great value to the hospital.

The hospital is open to all doctors for private medical cases either in wards or rooms. Major surgical cases are operated upon only by the surgeon-in-chief or any one he may designate. The patients are cared for by the doctor referring them. All free cases are cared for by the staff, who have a rotating service of three months. The highest type of service to the sick and community is given in this hospital at a figure possible to the people it is intended to serve.

With building, grounds and equipment, this hospital represents a loving gift of about one hundred and seventy-five thousand dollars from the Putnams, father and son, to their home city, and is very dear to the hearts of the people of Bennington County.

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Editorials

COMPULSORY HEALTH INSURANCE

Health Insurance.—Today, for example, we possess a mighty power to fight disease. To the wealthy class this scientific knowledge is available; to the poverty-stricken it is doled out in charity dispensaries. But for the masses of the working population—in the United States alone among the great industrial nations—such treatment is not available. Through a properly organized system of health insurance it would be possible to bring the world of medical science to the aid of the humblest wage earner.—John B. Andrews, *The Survey.*

This item, printed without comment in the *Journal A. M. A.* of June 29, like all similar arguments for Compulsory Health Insurance, proceeds from an inadmissible minor premise, for it is not true that the "humblest wage earner," whose pocket is to be picked by the real beneficiaries of the movement, has ever been deprived of such "scientific knowledge." One fundamental fault of Compulsory Health Insurance is that it approaches its subject from the economic and not the medical side, besides which it exemplifies the lay lack of comprehension of the traditional and vital spirit of medicine, but above all its appeal is dishonest since under the plea of humanitarianism it purposes to erect a vast system of paid employes, of bureaus, offices, clerks and all kinds of inspectors, directors, agents and the whole lamentable array of paid and overpaid officials, all of whom shall fatten upon the ills of the sick poor whom they are now deluding to their peril and loss. Of course, being handled by the A. F. of L., we cannot expect anything to be of real weight but the interests of the A. F. of L.

THE WAR

CORRESPONDENCE.

Office of The Surgeon,
Ist Corps Air Service.
September 25th, 1918.

I scarce know how to answer your request (received today) for an article for VERMONT MEDICINE. In the first place I do not feel qualified to write the kind of an article you should have, and in the second place I am afraid to show my ignorance of things medical by appearing in print. You see, so long as I keep quiet and do not tell the facts, you at home, undoubtedly, have visions of my being engaged in all manner of delicate surgical operations, probably think of me as doing wonderful work along plastic lines, emergency surgery and interested in all manner of new and startling methods for patching up the human frame. I think it much better to allow my friends to dream on rather than to awaken them to the cruel facts and tell them the truth regarding my medical service in the Army.

There is such a thing as real medical work in the Army. I know this to be so for I have talked with those who are rendering that type of service—they, however, are in the Base and Evacuation hospitals—not in the line. The work of a medical officer serving with line troops is, possibly, one-twentieth medicine—the rest is purely military. The same applies to an officer with an Ambulance Company, with the Air Service or with the Tank Corps.

My advice to any physician about to enter the service is, study Army Regulations. Make it your Bible. Study the Manual of the Medical Department. Get a book called The Hospital Corps Compend, published by Edward T. Miller Co., of Columbus, Ohio, and study that. Go back to first, elemental matters in medicine. Relearn the things you learned back in the days of the Surgical Quiz. Learn to distinguish the eruption of well-scratched bites from the omni-present "cootie" from the infected, nail-marked lesions of Scabies. Learn to say "Sir" and to say it gracefully. Try to forget that you are a prominent citizen and a pillar of the community. When you go into the service you will be a Lieutenant, and beardless boys will order—ORDER, not request you to do certain things—and you'll do them, and worst of all it is right that you should. The beardless boy has forgot more than you ever knew about this game and he will have no time to be real polite and nice in telling you what the facts are. Get rid of whatever egotism you may possess. At home you may be the Big Man of the Town—in the Army you will be a mighty small cog and if you don't fit right with some other cog—the worse for you—you'll get smoothed off in the quickest possible time.

Can you handle men? If not, learn, and learn quickly. It is the first essential in the service. To give orders and see that they are obeyed, to receive orders and obey them—that is your future work. If you are with a line company assigned to a Battalion or a Company you will hold a "sick call" each morning. At that particular time every man who is sick, who thinks he is sick or who thinks he can make you think he is sick will present himself at your infirmary.

There is always a long string of them and they pass by you in single file while you shoot questions at each man, listen to his complaint and try to weed the Sheep from the Goats. It is no easy job for the man fresh from civilian practice where office calls are apt to lengthen into personal ones and where time is not a factor. Unless you watch your step your first sick call will consume an entire morning and, as a result, a certain number of gleeful "Dough-boys" will have evaded their particular detail for the day and you will have laid the foundation of a right good grouch with the Company Commander. Never change your mind in the Army. When you once say a thing, stick by it. Be firm, kind and reasonable, but remember that you are an officer and that the man you are dealing with is a soldier. He will take you at your own valuation and is as quick to resent and to rail against undue familiarity upon your part as your superiors would be could they see your attempt. Study feet. How much do you know now about them save that they are made to place shoes upon? Feet! They will be your nightmare for many months in the service unless you are the exception to the rule. Study all the various articles you are able to find on the correction of foot troubles. Go to your shoe man and learn how to fit shoes properly. Remember that a shoe in this game should be at the very least a half inch longer than the foot it is to go on. Remember also that the best shoe for the hike is the shoe that seems too long and too narrow! The added pressure acts as a mighty good support to the arch—but I had started you off with sick call—and here I am at feet already!

The most common complaint you will have is from the feet —especially if you are with green troops; the next most frequent disease is that of LICE—and the malingerers we have always with us. Colds, diarrhoeas, constipation—always and forever among the ailments of the soldier. They may all be simple things when treated at home or in your office, but what are you to do with men who are sleeping in deserted hay mows with leaking roofs and who, by necessity, will go days at a time in clothing that is saturated with moisture, or how will you treat the various bowel conditions when "Army straight" is the only food available?

After you have finished with your sick call you will then be ready for your daily inspection. You will visit each kitchen and examine the food, utensils and the persons of the cooks themselves. There are no refrigerators in the field and meat spoils quickly. Three poles lashed together at the apex to form a triangle will at least keep the meat from the ground and leave it exposed to the air and a few wrappings of discarded burlap help shield it from the flies. Kitchen police are notoriously slackers. The man who has enlisted to kill Boche has no stomach for washing dishes. The army knife was made with the sole intent of catching all the dirt possible in the crevice between its blade and the handle. Keep the K. P.'s digging away at this crevice all the time. Be sure your kitchen tables are built with at least a half inch space between the boards—it is much easier to keep them clean and sweet than it would be were the cracks narrow and hard to get at. Then there is always the question of refuse disposal and you will go through all the agonies of incinerators that do

not incin., and sink holes that will not sink. The Medical Officer must be an expert Sanitarian above all else.

Inspection over you will make out your Sanitary Report to be handed each day to the C. O. of the organization you are with. Do you know how to do that simple little thing? It is as formal as a last will and testament and must be written just so and so or the Lord only knows what will happen to you, for, you see, there is a definite rule regarding all "Military Correspondence" and you don't sign yourself "Yours truly," or "Sincerely thine"—it's all down in black and white "in the book" —and you had best learn that right now.

The next thing is the drill and instruction of the men of the Sanitary Corps who are, like yourself, attached troops. It is your job to instruct them in first aid, litter drill, ambulance drill, bandaging, carrying of the wounded, ward management, military courtesy and discipline, etc., etc. The Sanitary Corps—and you are part of it—must be as thoroughly trained in things military as any other branch of the service with the one exception that you will not have to learn the bayonet drill or the manual of arms (there will be times when you may wish you knew the former of these). You will spend from two to three hours each day in this form of instruction to your own men, and in lectures on Therapeutics and Materia Medica. You must know how to recommend deserving privates to the grade of Private 1st Class and how to hold examinations for Sergeancies. You must have a comprehensive understanding as to what is meant by military channels and just what officers you may approach directly with a complaint or a request and which ones are "taboo" so far as you are concerned. Oh there is lots to the thing besides medicine.

Do you know how to draw a map and how to read one after you, or someone else, has drawn it? "No." Well, you had best learn right away then. Can you read the compass and use your watch in place of one should need arise? Best find out how now before you are in the service. Can you sleep in the wet, in an abandoned barn with a leaky roof or in the mud of a trench half filled with water, and still wear a smile and have a word of comfort for the Doughboy beside you, who, in addition to doing the same as yourself, has his heavy pack and gun to carry as well? You must learn how. That is your part of the game. The "Medico's" grit and pluck are the bracing element in many an outfit. Don't fail the boys who are looking to you for just the word of sympathy and comfort that you can supply if you are the right kind of man.

Have I made it seem too hard? Bless you, I have given an entirely erroneous impression if I have. The Medical Service with troops in the field is the most wonderful experience any man can possibly have. It is full of opportunities for a real HE man—but it is the last place on earth for the weakling, the quitter or the self-centered. In another article I will try and tell you something about the actual work in the field, how a dressing station is carried on and what your job is while the H. E. and the gas is breaking about your particular corner of Hell, and later on, if your patience holds out, I will tell you of the most interesting and the easiest (for the Medical man) service of all—that with the boys who sail the sky and wage unending warfare against the enemy avions.

Reports of Officers and Committees and Roster of House of Delegates, Vermont State Medical Society, 1918.

Report of Secretary

To the Members of The Vermont State Medical Society:

Again this year as in my annual report of 1917, I wish to thank all members of the State Society for their cordial help and co-operation in carrying out the activities of the Society and all the suggestions of its officers.

The membership by counties as compared with the membership of last year is shown as follows:

	Paid up Members 1917	Paid up Members 1918	Increase	Decrease
Addison	21	23	2	
Bennington	21	23	2	
Caledonia	32	34	2	
Chittenden	69	75	6	
Franklin	34	37	3	
Lamoille	11	10		1
Orleans	16	18	2	
Rutland	59	63	4	
Washington	55	52		3
Windham	23	28	5	
Windsor	21	24	3	
Total	362	387	29	4

Not only does this show a material increase over the membership of 1917, but is an increase of seven over the membership of 1916.

As a part of my annual report, I submit herewith a typewritten copy of the annual meeting held at Barre, October 11th and 12th, 1917, containing stenographic notes of papers and discussions so far as it was humanly possible to obtain them, together with stenographic notes of the proceedings of the House of Delegates.

Respectfully submitted,

WM. G. RICKER.

REPORT OF THE EXECUTIVE COMMITTEE

To the Members of the Vermont State Medical Society:

The Executive Committee submit as a part of their report the annual program which is in your hands. Difficulty has been encountered in securing speakers on account of the intensity of the services which the medical profession is rendering this year, and some of the speakers whose names appear on this program have promised to speak only upon the condition that at the last moment they might beg to be excused. The Adjutant General of Vermont and the Council of National Defense, Medical Section, at Washington, have materially assisted in securing speakers.

The House of Delegates in 1917 delegated to the Executive Committee the work of carrying on the Post-Graduate work. After considering our efforts of the past and concluding that they had failed to a great extent in being the success that they should have been, the Executive Committee conferred in an informal manner with some of the offi-

cers of the State Society, and with some of the faculty of the College of Medicine, and the College of Medicine furnished to the State Society a list of men with their subjects, who would be willing to speak at any time and in any county when possible, the county to be free of any expenses. The list of these speakers was published in the March issue of VERMONT MEDICINE.

This worked much better than any previous arrangement until the month of May when the State Committee of the Council of National Defense, Medical Section, became interested to secure additional men for the Medical Reserve Corps. and the time of everyone seemed to be engaged on this campaign.

So far as the secretary is aware, nearly every county meeting became a discussion of the Medical Reserve Corps, and little or nothing was done in the way of Post-Graduate Meetings. However, we believe we have laid the foundation for some valuable work, both for the coming year and for those succeeding.

Respectfully submitted,

WM. G. RICKER,
DAVID MARVIN,
M. F. McGUIRE,
Executive Committee.

REPORT OF THE MEDICO-LEGAL COMMITTEE

To the Members of the Vermont State Medical Society:

The past year has been an active one for the Medico-Legal Committee.

During the year a new circular of information, with a report of the activities to date, has been mailed each member of the society. We would urge every member to keep this circular on file and easily accessible, referring to it frequently and becoming familiar with the conditions under which the committee does its work. It is our intention to place this circular in the hands of every new member of the society. If any member has lost his copy we would suggest that he at once write the Secretary of the Medico-Legal Committee and ask for another.

During the year several minor cases in which mal-practice was either threatened or suggested have had the attention of your committee and its attorney. However, the greater part of the year's activities was taken up with one major case, in which suit was actually brought against one of our members. The case was tried and a verdict was given the society.

The cost of the case was considerable (about $2000.00. The exact amount can be seen in the treasurer's report), and it has greatly depleted our surplus. But the case was of great value in showing that the society can secure justice for its members, it being the first case we have actually tried in court. It established the necessity of accumulating a large surplus, and it brought more fully to our attention the desirability of the members bringing their cases to the attention of the Medico-Legal Committee very early.

Respectfully submitted,

E. A. HYATT, Sec'y.

REPORT OF NECROLOGY COMMITTEE

The following members of our society have died during the past year. Their obituaries have been published in VERMONT MEDICINE.

Dr. E. D. Ellis, Poultney.

Dr. Edward H. Martin, Middlebury.

Dr. C. W. Howard, Shoreham.

Dr. C. J. Rumrill, Randolph.

EDWARD H. ROSS,

Chairman.

REPORT OF THE COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

The Committee on Health and Public Instruction has made an effort this year to do some of the work allotted to it, although no funds are available for carrying out the objects which the committee has in view and which might be accomplished if some means were provided for paying even moderate expenses. Early in the year, when the venereal disease problem was shown to be of such importance among men subject to draft, the committee undertook the work of giving instruction on this most difficult matter. Necessarily each member was restricted to his own community, although the chairman, having access to limited funds from another source, was able to give several lectures on the subject to groups of men in various parts of the state. One of these was before an audience of about 500 men, all subject to draft, and the results of this session have been evidenced by the testimony of the men themselves. We have also assisted in the Child Welfare Campaign which has occupied the attention of the public since early in 1918.

Inasmuch as the society is unable to furnish the means for active work by this committee, the only solution of the problem of doing this important service, is that every member of the society should, at all times, remember the responsibility which rests upon us as medical men, and individually give instruction to patients and families in matters of public health and those medical subjects which it is the right of the lay public to know. Every conscientious physician does this as a matter of course but in these times of war, with the consequent need of conserving human life and energy, our efforts should be redoubled. Work of this kind is infinitely more effective than any spasmodic effort which might be made by a committee.

Respectfully submitted,

CHARLES F. DALTON,

Chairman.

Burlington, September 10, 1918.

Report of the Treasurer

Oct. 1, 1917, to Jan. 22, 1918

The following is a statement of the accounts of Dr. E. H. Martin, deceased, as they appear on the books of the Treasurer.

GENERAL ACCOUNT

RECEIPTS

1917		
Oct. 1	Balance	$581.29
Oct. 3	Received from Bennington Co. dues	2.00
Nov. 21	Received from Windham Co. dues	2.00
Dec. 5	Received from H. D. Holton, Trust Fund	65.00
	Total receipts	$650.29

DISBURSEMENTS

Oct. 3	Paid Cowles Press, printing	$30.55
Oct. 8	Paid Dr. W. G. Ricker, salary and expenses	125.01
Oct. 12	Paid Dr. W. G. Ricker, cash paid printing	1.75
Oct. 12	Paid Dr. J. M. Hamilton, salary	100.00
Oct. 12	Paid Dr. A. S. M. Chisholm, salary	100.00
Nov. 1	Paid Dr. J. A. Turnbull, expenses	17.50
Nov. 2	Paid Dr. M. L. Chandler, local. com.	87.67
Nov. 13	Paid Dr. Geo. H. Wright, expense acct.	17.50
Nov. 13	Paid Cowles Press	23.00
Nov. 13	Paid Mollie M. Beals	41.50
Nov. 15	Paid R. F. Pinney, Treas. bond	12.50
Nov. 23	Paid Seymour Press, stationery	3.85
Dec. 4	Paid Dr. E. H. Martin, expenses Brattleboro	4.30
	Total disbursements	$565.13
	Balance on hand, check account	85.16
	Total disbursements and funds on hand	$650.29

MEDICO-LEGAL FUND

RECEIPTS

Oct. 1	Balance, savings account	$4199.63
Oct. 1	Balance, check account	200.00

Oct. 3	Received from Bennington Co., dues	$2.00
Nov. 21	Received from Windham Co., dues	2.00
	Total receipts and funds on hand	$4403.63

No disbursements.

TOTAL ASSETS

General Account	$85.16
Medico-Legal Fund	4403.63
Total funds on hand Jan. 22, 1918	$4488.79

The above funds, together with the treasurer's books, papers, etc., were turned over to the new treasurer after the death of Dr. Martin.

GENERAL ACCOUNT

RECEIPTS

1918			
Mar. 23	Received from Dr. E. H. Martin's check account	$85.16	
Mar. 25	Received from Dr. E. H. Martin's bond rebate	8.00	
	Total		$93.16
	Received from Addison Co., 19 members at $1	$19.00	
	Received from Bennington Co., 23 members at $1	23.00	
	Received from Caledonia Co., 32 members at $1	32.00	
	Received from Chittenden Co., 77 members at $1	77.00	
	Received from Franklin Co., 30 members at $1	30.00	
	Received from Lamoille Co., 10 members at $1	10.00	
	Received from Orleans Co., 16 members at $1	16.00	
	Received from Rutland Co., 64 members at $1	64.00	
	Received from Washington Co., 46 members at $1	46.00	
	Received from Windham Co., 28 members at $1	28.00	
	Received from Windsor Co., 24 members at $1	24.00	
	Received from Orleans Co., error overpaid dues	1.00	
	Received from Rutland Co., error overpaid dues	5.00	
	Received fom Windsor Co., error overpaid dues	.25	
	Total receipts from members		$375.25
	Total receipts		$468.41

DISBURSEMENTS

Mar. 4	Paid H. H. Hickok, Treasurer's bond	$17.50
Mar. 4	Paid Free Press Association, 500 letter heads	2.75
Apr. 3	Paid Dr. J. N. Jenne, expenses Middlebury, P. G. Course	3.52
Apr. 3	Paid Prof. C. E. Burke, expenses Bennington, P. G. C.	7.05
Apr. 3	Paid Dr. E. H. Buttles, expenses Bennington, P. G. C.	6.08

Apr. 3	Paid Dr. C. A. Pease, expenses St. Johnsbury, P. G. C.	$7.75
Apr. 3	Paid Rutland Co. Med. Soc., error overpaid dues	5.00
Apr. 15	Paid McAuliffe Paper Co., manifold paper	1.00
Apr. 22	Paid Dr. E. S. Towne, expenses St. Johnsbury, P. G. C.	10.59
May 6	Paid Dr. J. F. Blanchard, error overpaid dues	1.00
June 25	Paid Dr. G. M. Sabin, expenses Middlebury, P. G. C.	2.66
July 6	Paid Dr. D. Marvin, expenses Bennington, P. G. C.	10.15
July 6	Paid Dr. D. Marvin, postage, telephones, express	6.81
Aug. 10	Paid Dr. D. S. Drake, error overpaid dues	.25
	Total Disbursements	$82.11
Balance on hand		386.30
	Total Disbursements and funds on hand	$468.41

MEDICO-LEGAL FUND

RECEIPTS

Rec'd from Dr. E. H. Martin, Treas., savings account		$4199.63	
Rec'd from Dr. E. H. Martin, Treas., check account		204.00	
			$4403.63
Rec'd dues from 369 members at $2			738.00
July 3	Rec'd from Champlain Trust Co., interest	$80.34	
July 3	Rec'd from Burlington Savings Bank, interest	80.55	
July 5	Rec'd from W. R. Austin, Eastwood case	50.00	
July 8	Rec'd from Rutland Savings Bank, interest	2.19	
			$213.08
	Total receipts		$5354.71

DISBURSEMENTS

Feb. 9	Paid Simonds, Searles & Groves, fees, Templeton case	$122.75
Mar. 20	Paid Frank D. Thompson, fees Templeton case	110 75
May 29	Paid Warren R. Austin, fees Eastwood case	1000.00
May 29	Paid Warren R. Austin, expenses Eastwood case	160.84
May 29	Paid Champlain Trust Co., revenue stamps on note	.20
June 12	Paid Dr. C. R. Aldrich, services and exp., Eastwood case	87.50
June 12	Paid Dr. W. N. Bryant, services and exp., Eastwood case	89.38
June 12	Paid Dr. G. M. Sabin, services and exp., Eastwood case	32.22
June 12	Paid Dr. G. R. Anderson, services and exp., Eastwood case	112.00
June 12	Paid Dr. H. C. Tinkham, services and exp., Eastwood case	58.80
June 12	Paid Dr. J. N. Jenne, services and exp., Eastwood case	146.71
June 14	Paid Dr. E. A. Hyatt, services and exp., Eastwood case	25.64
June 14	Paid Chas W. Buckley, printing	27.00
	Total Disbursements	$1973.79

Balance on hand as follows:	
On deposit Burlington Savings Bank, savings account	$2081.78
On deposit Essex Trust Company, savings account	1200.00
On deposit Essex Trust Company, check account	99.14
Total disbursements and funds on hand	$5354.71

VERMONT MEDICINE ACCOUNT

RECEIPTS

Received from Addison Co., 19 members at $1	$19.00
Received from Bennington Co., 23 members at $1	23.00
Received from Caledonia Co., 32 members at $1	32.00
Received from Chittenden Co., 77 members at $1	77.00
Received from Franklin Co., 30 members at $1	30.00
Received from Lamoille Co., 10 members at $1	10.00
Received from Orleans Co., 16 members at $1	16.00
Received from Rutland Co., 64 members at $1	64.00
Received from Washington Co., 46 members at $1	46.00
Received from Windham Co., 28 members at $1	28.00
Received from Windsor Co., 24 members at $1	24.00
Total receipts from members	$369.00

DISBURSEMENTS

Mar. 5 Paid Dr. James M. Hamilton, deficit Vt. Medicine	$137.43
July 6 Paid Dr. James M. Hamilton, salary three-fourths year	75.00
Total Disbursements	$212.43
Balance on hand, check account	156.57
Total disbursements and funds on hand	$369.00

TOTAL ASSETS

General Account	$386.30
Medico-Legal Fund	3380.92
Vermont Medicine Account	156.57
Total funds on hand	$3923.79

The Committee on Public Safety for the State of Vermont has agreed to reimburse the Vermont State Medical Society for the expense incurred in maintaining the Post-Graduate Course now offered by the Society.

An agreement was made and executed on the first day of December, 1917, by and between Henry Bond and R. C. Clark, Executors of the Estate of Henry D. Holton, deceased, and representing his estate and the Vermont State Medical Society by Dr. E. H. Martin, its duly authorized agent, and at that time its treasurer, appointing the Vermont National Bank of Brattleboro, Vermont, as trustee for the purpose of executing the Henry D. Holton Trust Fund.

Respectfully submitted,

DAVID MARVIN,

Treasurer.

Essex Junction, Sept. 9, 1918.

Roster of the House of Delegates

OFFICERS

President	J. M. Hamilton, Rutland
1st Vice-President	C. J. Rumrill*
2nd Vice-President	A. O. Morton, St. Albans
Secretary	David Brown, Lyndonville

*Deceased.

Delegates	*Alternates*
ADDISON	
S. S. Eddy (1)	F. T. Briggs (2)
I. P. Sharon (2)	R. W. Prentiss (1)
BENNINGTON	
F. C. Liddle (1)	C. M. Campbell
A. S. M. Chisholm (2)	H. S. Goodall
CALEDONIA	
John Wesley (1)	
F. E. Farmer (2)	
E. H. Ross (2)	No Alternates
CHITTENDEN	
J. A. Archambault (1)	H. A. Ladd (1)
David Marvin (1)	C. K. Johnson (1)
E. H. Buttles (1)	R. L. Maynard (1)
T. J. Arnold (1)	G. O. Contu (1)
B. H. Stone (2)	F. W. Sears (2)
O. N. Eastman (2)	B. D. Adams (2)
J. B. Wheeler (2)	Lyman Allen (2)
FRANKLIN—4	
R. R. Thomas (1)	W. B. Hyde
W. H. Wright (1)	Seth Martin
A. O. Morton (2)	J. M. Caisse
G. C. Abell (2)	
LAMOILLE—1	
G. L. Gates (1)	Wm. T. Slayton (1)
ORLEANS—2	
A. M. Goddard (1)	R. W. Adams (2)
	H. E. Sargent (1)
RUTLAND—6	
R. H. Seeley (1)	C. A. Gale
J. M. Hamilton (1)	C. S. Caverly
C. E. Griffin (1)	C. F. Clough
C. O. Baker (2)	W. H. Grinnell
C. F. Ball (2)	H. H. Swift
J. J. Dervin (2)	H. L. Manchester
WASHINGTON—5	
F. E. Steele, Jr. (1)	W. J. Howard (1)
J. W. Jackson (1)	W. D. Turner (2)
W. E. Lazelle (1)	L. B. Allen (2)
A. T. Marshall (2)	W. E. Avery (2)
C. J. Rumrill (deceased)	J. H. Judkins (2)
WINDHAM—3	
F. L. Osgood (1)	
J. S. Hill (1)	
J. A. Stevens (2)	
WINDSOR—2	
C. E. Buchanan (1)	O. D. Greene (1)
F. T. Kidder (2)	H. C. Jackson (2)

Note:—The numerals following names of delegates and alternates indicate the years they are to serve.

House of Delegates

ORDER OF BUSINESS

1. Call to order by President, J. M. Hamilton.
2. Roll Call.
3. Report of Secretary, David Brown.
4. Report of Committees.
5. Unfinished Business.
6. New Business.
   - (*a*). Place of next Annual Meeting.
   - (*b*). Other business, including action on pending amendments to the Constitution.
7. Election of Officers for the Society.
   - (*a*). President.
   - (*b*). Vice-President.
   - (*c*). Secretary.
   - (*d*). Treasurer.
   - (*e*). Auditor.
   - (*f*). Councillors for 2nd and 4th Districts.
   - (*g*). Committees.
     1. Executive (2 members).
     2. Publication (2 members).
     3. Legislative (3 members).
     4. Medical Education (1 member for three years to succeed G. C. Rublee).
     5. Necrology (3 members).
     6. Medico Legal (1 member for 3 years to succeed Wm. Bryant).
     7. Health and Public Instruction (5 members).
     8. Two members to be submitted to the Governor for appointment to the Board of Medical Registration.
   - (*h*). Delegate to:
     1. Connecticut River Valley Medical Association.
     2. White Mountain Medical Association.
     3. White River Valley Medical Association.
     4. Maine State Medical Association.
     5. New Hampshire Medical Society.
     6. Massachusetts Medical Society.
     7. Connecticut State Medical Society.
     8. Rhode Island Medical Society.
     9. Medical Society of the State of New York.
   - (*i*). Anniversary Chairman.

Election of Officers for House of Delegates. (Must be from Members of House of Delegates whose terms do not expire this year).

- (*a*). President.
- (*b*). Vice-President.
- (c). 2nd Vice-President.
- (*d*). Secretary.

UNITED WAR WORK CAMPAIGN

State of Vermont,
Publicity Department,

H. P. Hinman, Director, Barre, Vt.

UNITED WAR WORK CAMPAIGN!

NOVEMBER 11 to NOVEMBER 18!

President Wilson, himself, suggested it!

WHAT IS IT?

It is the most colossal free will offering campaign in the interest of the human family that the world has ever seen.

No true American or disciple of the Brotherhood of Man will forget those dates.

In that memorable week human welfare will come into its own—human welfare—that Utopian ideal which human beings have struggled for through the centuries.

The Y. M. C. A., the Y. W. C. A., the National Catholic War Council (K. of C.), the Jewish Welfare Board, the American Library Association, the War Camp Community Service and the Salvation Army have conducted individual campaigns in the past for funds to carry on their work at home and abroad.

They will do so no more.

The very character of their work has welded them all so close together that they have mobilized all their forces on common ground. Thus Catholic and Protestant, Jew and Gentile, will stand shoulder to shoulder in this great United War Work Campaign.

When President Wilson not long ago offered the suggestion that an amalgamation be made the officials of all the working organizations thrilled with the wisdom of it.

Heads of the various organizations immediately met at Washington, and budgets for the work to come were submitted.

One hundred and seventy million, five hundred thousand dollars is the goal set.

And the division?

As follows—just exactly as the heads of the various organizations agreed unanimously that it should be.

Young Men's Christian Association	$100,000,000
Young Women's Christian Association	15,000,000
National Catholic War Council (K. of C.)	30,000,000
Jewish Welfare Board	3,500,000
American Library Association	3,500,000
War Camp Community Service	15,000,000
Salvation Army	3,500,000
Total	$170,500,000

Do you realize, folks, that the vast sum of $170,500,000 is the largest sum of money that any Nation of people have been asked to raise as a freewill gift in the history of mankind?

What is New England's share in this great undertaking?

It is indeed a large sum but one that will be forthcoming gladly—$15,439,373.

The quotas of the various states follow:

Massachusetts	$9,048,435
Connecticut	3,000,000
Rhode Island	1,290,515
Maine	906,327
New Hampshire	722,391
Vermont	471,705

In Silent Salute to Those Who Have Made the Supreme Sacrifice

1st Lieutenant John C. Murphy, Burlington.

Honor Roll of Vermont Physicians in the Service of their Country.

Majors

Harry Leslie Frost, Williston, Overseas.
Thomas J. Hagan, M. C., Pittsford, Overseas.
Horatio N. Jackson, Burlington, Overseas.
Edmund J. Melville, St. Albans, Harvard Medical School.
William Hayes Mitchell, Shelburne, Overseas.
William Stickney, Rutland, Overseas.
Harry T. Summersgill, Bennington, Fort Oglethorpe.
Edward A. Tobin, Bennington, Camp MacArthur, Waco, Texas.
Wm. W. Townsend, Rutland, Hoboken, N. J.
Seth Heustis Martin, Camp Green, Charlotte, N. C.

Captains

Benjamin D. Adams, Burlington, Base Hospital, Camp Devens.
Frank C. Angell, Randolph, Overseas.
George L. Bates, Morrisville, Overseas.
Nathan R. Caldwell, Groton, Fort Oglethorpe.
Thomas S. Brown, Burlington, Fort Oglethorpe.
Clarence H. Burr, Montpelier.
George E. Chamberlin, So. Newbury, Overseas.
Frederick E. Clark, Burlington, Ellis Island.
Judson H. Cole, Bennington, Base Hospital, Staten Island.
Henry L. Crahan, Rutland, New Haven, Conn.
E. O. Crossman, Burlington, Ann Arbor, Mich.
Nicholas J. Delehanty, Rutland, Indianapolis, Ind.
Frederick E. Clark, Burlington, Hoboken, N. J.
James W. Courtney, Burlington, Fort Oglethorpe.
Patrick S. Duffy, Barre, Camp Devens.
Frank H. Everett, Castleton, Camp Hancock.
Alan D. Finlayson, Burlington, Camp Joseph E. Johnston.
John P. Gifford, Randolph.
Frank Leslie Gilbert, Grafton, Overseas.
Stewart L. Goodrich, Waterbury, Camp Dix, Wrightstown, N. J.
James M. Hamilton, Rutland, Fort Williams, Me.
Herbert B. Hanson, Montpelier, Camp Grant, Rockford, Ill.
Oscar V. Hefflon, Wardsboro.
Warren J. Howard, Waitsfield, Ft. Oglethorpe.
Henry C. Jackson, Burlington, Overseas.
Arthur Leo Larner, Burlington, Fort Worth, Texas.

William E. Lazell, Barre, Base Hospital, Camp Lee, Petersburg, Va.
Charles E. Libbey, Danville, Overseas.
George G. Marshall, Rutland, Ancon, Panama.
Stoddard S. Martin, Windsor, Ft. Oglethorpe.
Ross H. Miner, Windsor.
Walter F. McKenzie, Burlington, Camp Vail, Little Silver, N. J.
Edward F. Murray, Burlington, Camp Pike.
George H. Newton, Cambridge, Camp Sevier, Greenville, S. C.
George H. Parmenter, Montpelier, Yale Medical School.
John R. Patton, Fairfield, Hoboken, N. J.
Thomas Rice, Brattleboro, Camp Lee.
George A. Russell, Arlington, Overseas.
George Roberts, Chester, Base Hospital, Ft. Oglethorpe.
Albee A. Skeels, St. Albans, Overseas.
Simeon G. Start, Cambridge, Ft. Oglethorpe.
Herbert W. Taylor, Brattleboro, Overseas.
William J. Tindall, Montpelier, Army Medical School.
Emmus G. Twitchell, Burlington, Ft. Oglethorpe.
Walter J. White, Middlebury, Hoboken, N. J.
John H. Woodruff, Barre, Aide to Governor of Vermont.

First Lieutenants.

Landon Abernethy, Bakersfield, Camp Lee, Va.
George A. Alden, Burlington, U. S. N.
Fred N. Aldrich, Derby, Overseas.
L. Andreola, Barre, Overseas with Italian Army.
Bertrand F. Andrews, Burlington, U. S. N. Chelsea.
Nathan E. Avery, East Barre.
Edward N. Bibby, Craftsbury.
H. C. Bishop, Winooski, U. S. N.
Robert O. Blood, Newbury.
Windsor DeF. Bowen, Saxtons River, Base Hospital, Camp Upton.
John P. Brennan, Poultney.
David R. Brown, Lyndonville, Ft. Oglethorpe.
Charles E. Buchanan, Felchville, in active list.
Percy Erastus Buck, Glover, Newport News, Va.
Sidney M. Bunker, Burlington, Camp Kearny, Linda Vista, Calif.
R. H. Burke, St. Johnsbury.
Arthur W. Burnham, Windsor, Overseas.
John M. Caisse, Swanton, Camp Laurel.
Luther J. Callahan, Manchester, Overseas.
Mitchell D. Carey, Montpelier, Overseas.
George E. Chamberlain, So. Newbury, Overseas.
Charles P. Chandler, Montpelier, Overseas.
Maurice L. Cheney, Lyndonville, Ft. Oglethorpe.
Joseph A. Ciminera, Burlington, Overseas.
P. N. Davis, Burlington, U. S. N.
Bernie D. Colby, Sudbury, Ft. Oglethorpe.
Eugene J. Cray, Brandon.
Sherwin A. Cootey, Wallingford, Overseas.
Edward M. Crane, Hardwick.
Edward F. Crofutt, Poultney, U. S. N.
Albion A. Cross, Williamstown, Camp Forrest, Chickamauga Park, Ga.
F. P. Dwinell, East Calais, U. S. N.
Julius E. Dewey, Montpelier, Overseas.
F. J. Ennis, Burlington.
Charlotte Fairbanks, St. Johnsbury, Overseas.
Edward V. Farrell, Danby, Overseas.
Alson D. Ferris, Hardwick.
Rowley S. Flagg, Overseas.
Allston L. Fogg, Underhill, Ft. Leavenworth, Kan.
William A. Flood, North Bennington, Overseas.
Barnet Frank, Burlington, Camp Dix, Wrightstown, N. J.
Frank L. Gilbert, Grafton, Overseas.
Clarence L. Gannon, Burlington, Ft. Oglethorpe.
Frederick H. Gebhardt, Rutland, U. S. N.
Victor P. Genge, Newport, Overseas.
Bert D. George, Hardwick, Ft. Oglethorpe.
Rollin J. Goss, Wilder.
Scott K. Gray, E. Arlington.
Pierre P. Guertin, Bloomfield, Overseas with Canadian Army.
Jesse R. Grimes, Montpelier.
William H. Grinnell, Rutland, Overseas.
George G. Hall, Woodbury, Overseas.
Hugh H. Hanrahan, Rutland, Camp Jackson, Columbia, S. C.
John W. Harvey, St. Johnsbury, Camp Dix.
Frank R. Hastings, Barton, Overseas with Canadian Army
Byron H. Hermann, St. Albans, Overseas.
Frederick W. Harriman, Montpelier, Overseas.
J. W. Harvey, St. Johnsbury, Camp Dix.
W. L. Hogan, Burlington, U. S. N.
R. H. Holcomb, Burlington, U. S. N.
Anselme E. Houle, Bennington, Camp Mead.
John A. Hunter, Burlington, Ft. Oglethorpe.
George B. Hunter, West Brattleboro.
William M. Huntington, Rochester.
William H. Hurley, Northfield.
John P. Kerrigan, Ludlow, Overseas.
William O. Hutchinson, Washington, Ft. Oglethorpe.

Roy Chase Jackson, Brattleboro.
Linwood M. Kelly, Manchester Ctr.
Albert Clark Kinney, East Hardwick, Overseas.
Charles W. Kidder, Woodstock, Ft. Oglethorpe.
John D. Lane, Bennington, U. S. N.
Harry H. Lawrence, Springfield, Base Hospital, Camp Hancock.
George E. Latour, Burlington, Overseas.
H. H. Heffler, Burlington, U. S. N.
James L. Lovejoy, Manchester, Camp Lee, Petersburg, Va.
A. C. Liston, Bellows Falls.
Robert L. Maynard, Burlington, Overseas.
S. Mitchell, Richmond.
Donald G. McIvor, Swanton, Overseas.
Samuel H. McKewan, Windsor.
N. W. McKinley, South Burlington, U. S. N.
Charles E. Morse, Rutland, U. S. N.
Chauncy P. Munsell, South Royalton.
Arthur L. Patch, Windham.
Martin J. Paulsen, Winooski, Ft. Oglethorpe.
Harold Stearns Peck, Rutland, Overseas.
A. E. Perley, Richford, U. S. N.
Charles N. Perkins, Burlington, Base Hospital, Camp Upton, L. I.
P. A. Pion, Burlington.
J. J. Ross, Middlebury, Overseas.
Douglas J. Roberts, Burlington, Instructor in Roentgenology, Cornell Medical College.
Leonard B. Rowe, Orwell, Newport News, Va.
George C. Rublee, Hardwick, Camp Upton, L. I.
Dennis J. Sheehan, St. Johnsbury, Ft. Oglethorpe.
A. R. Shirley, Burlington.
Chester Lewis Smart, Burlington, Overseas.
Clifton H. Smith, West Rupert, Camp Jackson, Columbia, S. C.
Ray Ernest Smith, Rutland, Overseas.
Henry E. Somers, Newport, Orthopedic Surgeon, Garden City, L. I.
John W. Stewart, Barre.
Henry E. St. Antoine, Burlington, Overseas.
Mark P. Stanley, White River Jct.
Walter Nale Squires, Burlington.
Harold F. Taylor, Burlington, Ft. McPherson, Ga.
John P. Tierney, St. Johnsbury, Base Hospital, Camp Gordon.
John D. Thomas, Pownal, Camp Devens.
Ray B. Thomas, Enosburg Falls, Camp McClallen, Anniston, Ala.
Henry L. Tillotson, Groton.
A. L. Tracy, Brattleboro, U. S. N.
Joseph A. Wark, Barre.
A. B. Warren, Warren.
William G. Watt, Vergennes, Overseas.
R. M. Wells, Orleans.
Henry R. Weston, Windsor, Base Hospital, Camp Lee.
John B. Wheeler, Burlington, Advisor to Governor of Vermont.
C. G. Wheeler, Brattleboro.
William H. White, North Troy.
Byron E. White, Brattleboro, Fort Oglethorpe.
Harold L. Williamson, Bristol, Fort Oglethorpe.
Rollin D. Worden, Montgomery, Camp Sherman.
A. B. Woodman, Wells River, U. S. N.

HOLD YOUR LIBERTY BONDS

To successfully finance the war it is necessary that owners of Liberty bonds hold their bonds if possible. Where for any good reason it is necessary for them to turn their bonds into cash they should seek the advice of their bankers.

Liberty loan bonds are very desirable investments, and crafty individuals are using various means to secure them from owners not familiar with stock values and like matters. One method is to offer to exchange for Liberty bonds stocks or bonds of doubtful organizations represented as returning a much higher income than the bonds.

There are various other methods used and likely to be used, some of the goldbrick variety and others less crude and probably within the limits of the law. All offers for Liberty bonds except for money and at market value should be scrutinized carefully. The bonds are the safest of investments and have nontaxable and other valuable features.

To hold your Liberty loan bonds, if possible, is patriotic. To consult your bankers before selling them is wise.

Excerpts from Other Journals

INFLUENZA

J. J. Keegan, Chelsea, Mass. (*Journal, A. M. A.*, Sept. 28, 1918) reports his observations of the epidemic of influenza in the First Naval District, where more than 2,000 cases were reported between August 28 and September 11. It is undoubtedly the same disease that has been spreading under the name of Spanish influenza over nearly all of Europe. The most striking feature is its communicability. It is the most contagious of all pandemics. It is similar to the common epidemic influenza except that it shows an extraordinary degree of contagiousness and it is often more severe. The onset is sudden, the patient going sometimes from an apparently well condition almost to prostration within one or two hours. There is no complaint of sore throat and no localized symptoms. The fever rises rapidly, with severe headache, weakness, general malaise and pains of varying severity in the muscles and joints, especially in the back. The course is fairly constant. There are alternating chilly and warm sensations, a few have nausea and vomiting, and nose bleed is not uncommon. The tendency is toward a slight constipation. A remission usually occurs the morning of the second or third day. Frequently there is a secondary rise of temperature following this and it is during this period that the disease is probably most contagious. The temperature may remain normal in a small percentage of cases and recovery follow, but in most there is a secondary rise in temperature with coryza and slight bronchial cough. Following this secondary rise in uncomplicated cases the temperature falls to normal, but the patient usually still coughs, feels weak and is easily exhausted, and even after a week of convalescence still feels the effects of the infection in fatigue from slight exertion, work, etc. Laboratory findings in the cases at Chelsea are rather constant; blood cultures negative, white blood cell count rather below normal, but the differential leukocyte count essentially normal. The urine in two thirds of the cases shows a trace of albumin, and numerous hyaline and granular casts. From 5 to 10 per cent. of the patients in this epidemic developed a very severe and massive bronchopneumonia, the figures showing a total mortality of from 60 to 70 per cent. The bacteriology of this epidemic has been specially studied because of the communicability of the disease. While the influenza bacillus has been considered as the etiologic organism, its specificity has been thrown in doubt in recent years. Throats cultures were made from more than 100 cases, and a like number of control cases from convalescent patients. "In both lots the predominating organism was a gram-positive diplococcus, with a considerable green area surrounding the small gray colonies and frequently marked pleomorphism noted on smear, probably corresponding to the pleomorphic organism described by Little. Approximately pure cultures of a hemolytic streptococcus occurred in 4 per cent. of the influenza cases, in comparison with 20 per cent. of the control cases. A few colonies of hemolytic streptococcus were found in an additional 16 per cent of the influenza cases. In the influenza cases there were numerous small, colorless colonies, some of which stained typically as influenza bacilli. But similar colonies could be found in many of the control cultures, and they were by no means constantly found in either lot, so that no conclusions could be drawn from this source." The difficulty of finding the influenza bacillus may explain these negative cultures; it may have its focus elsewhere than in the pharynx. Pneumococcus is the most common secondary invader. The differentiation of Type IV pneumococcus from the *S. viridans* is not always very easy. Hemolytic streptococcus was found in about 22 per cent. of the cultures, and in four of these it was found alone. No pure infection with the pneumococcus has yet occurred, though there were six pure influenza bacillus pneumonias, and Keegan considers the pneumonia complications primarily caused by this organism, which was recovered from the lungs of 82.6 per cent. of the fatal cases, and he believes that it will be found more frequently if lung cultures are generally made. The disease is not due to a filtrable virus, as was shown by the introduction of nasal and throat washing filtrates from two typical cases injected into the anterior nares of nine volunteers with negative results.

Ewing's sign is tenderness at the upper, inner angle of the orbit at the point of attach-

ment of the pulley of the superior oblique, and internal and posterior to it. It indicates disease of the frontal sinus, frequently giving rise to headache not relieved by eyeglasses.—*Greenfield Sluder,* in "Headaches and Eye Disorders of Nasal Origin."

PREVENTION OF GAS PAINS

L. A. Emge, San Francisco (*Journal A. M. A.*, Sept. 14, 1918), says that in spite of the progress that has been made in recent years in the rejection of ancient traditions that have clogged the progress of medical science, there is yet a tendency to put some of these traditions above new ideas. One of the best examples of this is the old custom of purging and dieting, in other words, "carefully preparing" patients before operation. The underlying idea of this habit developed in the dark ages of medicine, and in spite of voices of protest that have been raised against it it still has its status in the profession. Many of these protests are only incidentally mentioned in articles on other subjects, and consequently are not easy of reference. A few of them are mentioned, and the author quotes the evidence afforded by emergency operations. Nobody will deny, Emge says, that a woman with acute appendicitis or tubal pregnancy, or cesarean section properly performed, will recover with little suffering except with that caused by the direct wounds, while others "carefully prepared" will often be troubled with most distressing gas pains and distention. While there has been a decided tendency to moderate the purging, judging from recent books and articles, the custom of purging seems to have as strong a footing as it ever had. We now have, however, the results of experiments on animals, some of which are quoted. The essential thing now is to get careful reports of a large, unselected series of purged and nonpurged cases. Emge's own stimulus for personal observation was received in 1915 in the observation of a number of unselected cases in the Women's Clinic of the University of California Medical School. Since joining the staff of the Women's Clinic of the Leland Stanford Junior University he has carefully recorded the severity of the pains experienced by patients after a hundred major operations. In most of these cases the peritoneum was opened and much pelvic work done. The first fifty were prepared in the old way. The next fifty received no purgation, and the contrast is striking as shown by the tabulated statement. The severe gas pains were observed in 22 per cent. of the purged patients and in only 2 per cent. of the unpurged ones. Mild gas pains were also similarly infrequent in the latter, and more than double the proportion had no gas pains whatever. While these observations were being made it was also observed that hernia patients suffered often with severe gas pains, and in unpurged cases these were rare or very mild. It is not within the scope of the paper, Emge says, to discuss the treatment of gas pains. Any treatment used should tend to restore normal peristalsis. The best stimulus for this is food, and the earlier it is given the better. Emge summarizes his views as follows: "1. Clinical and experimental observations strongly suggest that preparative purging is a strong factor in the producing of gas pains. 2. At operation the strongly purged bowel is more difficult to handle than the unpurged bowel on account of congestion and distention. 3. An enema will clear the lower bowel sufficiently for any operative work. 4. Patients who have not been purged are comparatively free from gas pains."

AN EFFICIENT AND SAFE INSECTICIDE

An emulsion of petroleum and soft soap has been used successfully in India for ridding houses of plague infested fleas. A better composition, according to the *Medical Press and Circular,* is that devised by Cousins in which soft soap, petroleum and naphthalene are the ingredients. This combination, it is said, seems to enhance the action of each in a remarkable way when used as an insecticide. It is easy to prepare, keeps indefinitely, and is a soapy substance easily dissolved in cold water. In the proportion of 1 ounce to the quart of water it forms a wash in which fleas and pediculi are said to perish almost instantly. It is suggested that this would be an easy and practical way of dipping and washing clothes infested with *Pediculi vestimenti* in the army and elsewhere.

VENEREAL PROPHYLAXIS

M. C. Thrush, Camp Dix, Wrightstown, N. J. (*Journal A. M. A.*, June 22, 1918), says that nowhere in the domain of medical science has the value of sanitary measures been better illustrated than in the regulations established by the U. S. Army. Venereal disease, the bane of armies, has been curbed by the following regulations. "1. General orders concerning venereal diseases, requiring men who expose themselves to the danger of contracting venereal diseases to report at once for prophylactic treatment on return to the camp; with trial by court martial for neglect of duty, for any soldier who fails to comply with such instructions, and loss of pay while absent on account of sickness. 2. Through physical inspection of all the enlisted men of each organization, twice in each month, by a medical officer accompanied by the company or detachment commander. 3. Abolition of alcohol from Army. 4. Establishment of "vice zones" around military camps, forts and cantonments." The author illustrates the efficiency of these procedures by citing his experiences as regimental surgeon in the Three Hundred and Fiftieth Field Artillery, Ninety Second Division, National Army, at Camp Dix, N. J. The corps reported on is composed entirely of colored troops drafted in the state of New Jersey. From the formation of this regiment, Nov. 8, 1917, to April 19, 1918, only nineteen cases of venereal disease have developed which did not exist prior to draft. During this time 1,561 prophylactic treatments were given and only seven men thus treated contracted venereal disease. Five were gonorrhea, one chancroid, and one syphilis. All were cases of over twenty-four hours' duration. This shows the efficiency of prophylactic treatment and the value of early treatment when possible. The men were all raw recruits and had held such positions as butlers, chauffeurs, farm hands, cooks, waiters, bell boys, and a large number as common laborers. Only about 5 per cent. had had full common school education or higher. Twenty were illiterate, leaving 20 per cent. with more or less common school education. They were exceedingly amenable to discipline and the sick rate was the lowest of any regiment in the camp. This was obtained by harmonious cooperation between the medical and other officers, by frequent lectures to the men in plain understandable English giving the reasons for every order designed for their protection and stating the physical suffering, as well as military punishment, following its violation, also by encouraging the men in all forms of athletics, music and entertainments of various kinds and the reading of useful books on military and other subjects, and implicit confidence of the men in their officers so as to insure instant and willing compliance with the needed regulations.

INFORMATION REGARDING MILITARY MEDICAL SERVICE

Many physicians are hesitating about applying for a commission in the Medical Reserve Corps; they are anxious regarding the care of their families. Even the pay of a lieutenant in the Medical Reserve Corps, $2,000 per year, with commutation, if he has dependents, of from $400 to $600 per year, while not sufficient to support some families in the style to which they have become accustomed, at the same time is far from starvation income. It should be distinctly attractive to the physician without dependents. As The Journal stated two weeks ago, the physician who volunteers for the Medical Reserve Corps today is volunteering under different conditions than existed a year ago when our country entered the war. Recent constructive legislation has removed many of the obstacles that confronted the physician at that time. Of course, while commenting on the material aspects of the matter, we realize that patriotism and a desire to help win this war will certainly overweigh what sacrifices may have to be made in this regard. Application blanks, a list of examining boards and information will be sent on request.—*Jour. A. M. A.*

BUY W. S. S.

From the Council of Pharmacy and Chemistry

Recently the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Heyden Chemical Works:
Silver Proteinate-Heyden,

E. R. Squibb and Sons:
Chloramine-T, Squibb,
Chloramine-T, Surgical Paste, Squibb,
Chloramine-T, Tablets, Squibb, 4.6 grains,
Dichloramine-T, Squibb.

Abbott Laboratories:
Parresined Lace Mesh Surgical Dressing, Abbott,
Phenylcinchoninic Acid, Abbott.

NEW AND NON-OFFICIAL REMEDIES

Silver Proteinate Heyden—Said to be identical with protargol (see New and Non-official Remedies 1918, p. 362). Silver proteinate-Heyden must conform with the tests, and have the properties described under protargol. The Heyden Chemical Works, New York (*Jour. A. M. A.*, Aug. 17, 1918, p. 534).

Chloramine-T, Squibb.—A brand of chloramine-T which complies with the New and Non-official Remedies standards. For a description of the action, uses, dosage, and chemical and physical properties of chloramine-T see New and Non-official Remedies 1918, p. 156. E. R. Squibb and Sons, New York.

Chloramine-T, Surgical Paste, Squibb.—It contains chloramine-T, 1 Gm., in 100 Gm. of a base composed approximately of sodium stearate, 15 per cent., and water, 85 per cent. E. R. Squibb and Sons, New York.

Chloramine-T Tablets, Squibb, 4.6 grains.—Each tablet contains chloramine-T, 4.6 grains. E. R. Squibb and Sons, New York.

Dichloramine-T, Squibb.—A brand of dichloramine-T which complies with the New and Non-official Remedies standards. For a description of the action, uses, dosage, and chemical and physical properties, see New and Non-official Remedies 1918, p. 157. E. R. Squibb and Sons, New York (*Jour. A. M. A.*, Aug. 31, 1918, p. 745).

Salvarsan Manufacture Authorized in U. S.—The Federal Trade Commission has granted orders for licenses to three firms to manufacture and sell arsphenamine, the product heretofore known under the trade name of salvarsan, patent rights to which have been held by German subjects. Provided conditions of the license are accepted by the firms, the following will be authorized to make and sell arsphenamine: Dermatological Research Laboratories of Philadelphia; Takamine Laboratory, Inc., of New York, and Herman A. Metz Laboratory of New York. The license stipulates that the name arsphenamine be used in connection with the trade name, that the product must be submitted to the U. S. Public Health Service for examination before sale, and reserves the right to fix the price (*Jour. A. M. A.*, Dec. 8, 1917, p. 1989).

Arsphenamine.—The Federal Trade Commission having adopted the name "arsphenamine" as the term to apply to 3-diamino-4-dihydroxy-1-arsenobenzene, first introduced as salvarsan, the Council on Pharmacy and Chemistry voted to adopt this abbreviated name in place of arsenphenolamine hydrochloride now in New and Nonofficial Remedies.

Arsenobenzol (Dermatological Research Laboratories).—A brand of arsphenamine. It has essentially the same actions, uses and dosage as salvarsan. It is supplied in ampules containing, respectively, 0.4 Gm. and 0.6 Gm. Manufactured and sold by the Dermatological Research Laboratories, Philadelphia Polyclinic, Philadelphia, Pa.

Salvarsan.—A brand of arsphenamine. Supplied in 0.6 Gm. ampules. Manufactured and sold by Farbwerke-Hoechst Co., New York.

Chloramine-T.—Sodium paratoluenesulphochloramide. It has the actions, uses, dosage and physical and chemical properties given in New and Nonofficial Remedies, 1917, for chlorazene.

Chloramine-T (Calco).—A brand of chloramine-T. Manufactured by the Calco Chemical Co., Bound Brook, N. J.

Novocaine.—The monohydrochloride of para-aminobenzoyldiethylamino-ethanol. Actions, uses and dosage, see New and Nonofficial Remedies, 1917, p. 31. Manufactured by Fabwerke-Hoechst Co., New York (*Jour. A.M.A.*, Dec. 22, 1917, p. 2115).

ARTICLES NOT ADMITTED BY COUNCIL

Micrococcus Neoformans Vaccine.—This was admitted to New and Nonofficial Remedies in 1910 since at that time it gave some promise of therapeutic value. It has now been omitted because at the present time there is no evidence that the vaccine is of the slightest value and because its lack of value is demonstrated by the fact that during these years it has not made a recognized place for itself in therapeutics. The available information indicates that the micrococcus neoformans does not differ materially from ordinary skin cocci which are described in New and Nonofficial Remedies under staphylococcus vaccine (Reports of the Council on Pharmacy and Chemistry, 1917, p. 152).

NuTone.—This "nutritive tonic" is said to have the following complex composition: Cod Liver Oil, Pure Norwegian, 25 per cent., Malt Extract, 9⅓ per cent., Beef Juice, Glycerine, Hypophosphite Lime, Hypophosphite Soda, Chemically pure, 1½ grs. each to the oz., Fl. Ext. Nux Vomica, 3-64 of a minim in each teaspoonful. It is advertised with claims that will lead thoughtless physicians and a confiding public to depend on it in cases in which fresh air, hygienic surroundings and nutritious food are prime importance. Adults are to take this preparation as a "nutritive" in doses which represent from 3 to 12 grains of sugar and 8 to 30 minims of cod liver oil with unstated, but probably equally small, amounts of beef juice. The Council on Pharmacy and Chemistry declared NuTone inadmissible to New and Nonofficial Remedies because it is an irrational, shotgun mixture advertised indirectly to the public with unwarranted therapeutic claims and a non-descriptive therapeutically suggestive name. (Reports of the Council on Pharmacy and Chemistry, 1917, p. 154.)

Uncol.—This is a paste stated by the R. R. Rogers Chemical Co., San Francisco, Cal., to contain approximately 40 per cent. metallic mercury in a soap base. It is sold as a substitute for mercurial ointment with the claim that it is more efficacious. The Council on Pharmacy and Chemistry declared Unctol inadmissible to New and Nonofficial Remedies because the claim for superiority over mercurial ointment is not substantiated and constitutes an unwarranted therapeutic claim; the name does not indicate the composition of this pharmaceutical mixture and because the circular wrapped with the trade package advertises proprietary preparations not accepted by the Council. (Reports of the Council on Pharmacy and Chemistry, 1917, p. 162).

V-E-M Products.—The Schoonmaker Laboratories, Inc., New York, market V-E-M Unguentum Eucalyptol Compound, V-E-M with Ichthyol, V-E-M with Stearate of Zinc, V-E-M with Camphor, V-E-M with Boric Acid. The Council on Pharmacy and Chemistry declared these preparations in conflict with its rules because unwarranted therapeutic claims were made for them; because the public was advised to depend on them in the treatment of diseases and because these combinations of ingredients in fixed proportions under proprietary names are irrational. (Reports Council on Pharmacy and Chemistry, 1917, p. 163).

PROPAGANDA FOR REFORM

The Cause of Hay Fever.—In the regions of the United States west of the Rocky Mountains, hay-fever may be produced by an almost entirely different flora from that which causes it in the eastern states and in Europe. This emphasizes the need for determining the exact species involved in each case, before treatment for immunity may be undertaken. It has been found that the type of spring hay-fever which is very troublesome in the Sacramento Valley is attributable to a walnut tree pollen (*Jour. A. M. A.*, Aug. 10, 1918, p. 469).

Let the Reader Know.—In the latest issue of the *American Journal of Syphilis* appears an article by J. Sheridan Baketel, "On the Use of American-Made Salvarsan," which is in effect a puff for Metz's Arsphenamine. The reader is informed that Dr. Baketel is Professor of Preventive Medicine and Hygiene and lecturer on Genito-Urinary diseases and Syphilis in the Long Island College Hospital; Genito-Urinary Surgeon to the House of Relief of the New York Hospital; Major, Medical Reserve Corps, United States Army. The reader is not told, however, that Dr. Baketel is or was until quite recently in the employ of the A. H. Metz Laboratories (the present name of the Farbwerke Hoechst Co.) and has for some time been the manager of the pharmaceutical department of that concern (*Jour. A. M. A.*, Aug. 24, 1918, p. 664).

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Book Review

THE SURGEON IN ARMS

D. Appleton & Company, cloth, 310 pages. Net price $1.50.

In this volume Capt. R. J. Manion of the Canadian Medical Corps has given his impression of active service "over there" from a medical officer's view point.

The tale centers about the battle of Vimy Ridge where on April 9, 1917, our Canadian neighbors demonstrated their sterling American qualities.

The Captain is modest in recounting his own deeds but profuse in tributes of praise to the man who must be the "last word" in winning this war—the private soldier.

He also adds as his experience that the enlisted men of the medical department, although classed as non-combatants since they are not provided with means of offensive warfare are continually performing deeds of bravery that are excelled by none.

J. M. H.

PRACTICAL BACTERIOLOGY, BLOOD WORK AND ANIMAL PARASITOLOGY.

Including Bacteriological Keys, Zoological Tables and Explanatory Clinical Notes. By E. R. Stitt, A.B., Ph.G., M.D., Medical Director, U. S. Navy; Commanding Officer and Head of Dept. of Preventive Medicine, U. S. Naval Medical School; Professor of Tropical Medicine in Georgetown and George Washington Univ., etc. 5th ed., 542 pages, 598 illustrations. Published by P. Blakiston's Son & Co., 1012 Walnut St., Phila. Price, $2 net.

The 5th edition of Stitt's work contains much new material which gives it a distinct rating over previous editions, since the changes that have taken place in our views during the two years that have elapsed since the publication of the preceding edition of 1916 have been so marked that much of the book has necessitated important additions to the text. One feature of especial interest is the presentation of the Dreyer method for interpretation of the agglutination reactions of typhoid and paratyphoid infections. There is also included a statement of Mosenthal's nephritic test diet method of studying renal functioning.

This is an admirable manual of Bacteriology. Compact and precise, it is yet sufficiently explicit and detailed to satisfy alike the busy worker and the student of Bacteriology. The plates and illustrations are numerous and instructive.

Brute

It was visiting day in the hospital. The visitors were mostly old ladies, and one of them stopped at the bed of a Tommy and asked him a question he had been asked a score of times before, thus:

"How did you come to be wounded, my brave fellow?"

"By a shell, mum," replied the hero.

"Did it explode?" queried the lady.

"No," answered Tommy, rather bored: "it crept up and bit me!"—*Tit-Bits.*

Strong Medicine

Sophie Arnould, out walking one morning, met an old friend, a doctor, with a gun under his arm. He informed her that he was on his way to see a patient. "Ah!" she retorted, "so you're afraid of your ordinary treatment failing!"

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Vermont Medicine

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Original Papers

THE DAKIN-CARREL METHOD OF TREATING WOUNDS.

Paper read before St. Johnsbury Medical Society April, 1918.

Dr. C. A. Pease.

The Dakin-Carrel method consists in the use of Dakin's fluid of sodium hypochlorite in a solution of 0.5% strength, with a special technic devised by Carrel. The method requires special training. To provide this training the Rockefeller Foundation has now erected a special temporary hospital on the grounds of the Rockefeller Institute in New York and has the personal services of Dakin and Carrel for the instruction of surgeons in the military service of the country. Much of the adverse criticism has seemed to come from those who have not had the advantage of instruction from Carrel.

Preparation of the Dakin Solutions.—Neutral hypochlorite prepared with boric acid is best made as follows: one hundred forty grams of dry sodium carbonate or 400 grams of the crystalized salt (washing soda) are dissolved in 12 liters of tap-water, and 200 grams of chlorid of lime (chlorinated lime) of good quality are added. The mixture is well shaken and after half an hour, the clear liquid is siphoned off from the precipitate of calcium carbonate and filtered through a plug of cotton; 40 grams of boric acid are added to clear the filtrate, and the resulting solution is ready for use. A slight additional precipitate of calcium salts may slowly occur, but it is of no significance. The solution should not be kept longer than one week. *The boric acid must not be added to the mixture before filtering but afterward.* The solution should be tested for neutrality by adding some of it to a pinch of solid phenolphthalein. If a red color, indicating a free alkali, should develope, a little more boric acid must be added in order to remove it.

DAUFRESNE'S TECHNIC.—Neutral hypochlorite prepared without boric acid is best made according to the formula given by Daufresne, and at the present time is perhaps more generally used than any of the other modifications.

200 grams of good bleaching powder are put in a bottle with 5 liters of tap-water. The solution is shaken vigorously and allowed to stand for at least six hours, unless a mechanical shaker is used, when half an hour's shaking will be found to be sufficient. In another vessel 100 grams of dry sodium carbon-

ate and 80 grams of sodium bicarbonate are dissolved in 5 liters of cold water and then added to the bleaching powder mixture. The whole is shaken vigorously for a few minutes, and the precipitate allowed to settle. At the end of half an hour the clear solution is siphoned out and then filtered through paper. The proportions given above for the carbonate and bicarbonate of soda are those given by Daufresne. It is Keine's experience, however, that with most brands of American bleaching powder it is better to use 90 grams of each salt. This solution must invariably be tested for neutrality by adding a pinch of solid phenolphthalein to a little of the solution. If the solution should react alkaline, one of three methods must be employed to correct it, otherwise, skin irritation will surely result.

(a) Pass carbon dioxide gas into the solution until the sample shows no alkalinity when tested as described. This is perhaps the best method.

(b) A neutral hypochlorite may be secured by reducing the proportion of carbonate of soda and increasing the bicarbonate.

(c) Boric acid may be added until neutrality is secured. An advantage of the carbonate-bicarbonate preparation is that it possesses greater stability and can be kept for several weeks without much deterioration. On the other hand with varying qualities of bleaching powder, containing different amounts of free lime, it is more difficult to adjust the proportions so as to obtain a neutral solution directly.

The fluid is an ideal isotonic wound antiseptic of high bacterial and low toxic or irritating quality in which it differs from the old familiar Labarraque's solution. It does not injure a living tissue.

Lyle adds the following note as to Daufresne's technic: The solution of sodium hypochlorite for surgical use must be free from caustic alkali; it must contain only from 0.45 to 0.50% of hypochlorite. Under 0.45% it is not active enough and above 0.5 it is irritant. At 50% the skin around the wound must be protected by yellow (not white) vaseline.

Test for Alkalinity.—As the commercial chlorinated limes are of inconstant strength, the solution should always be tested. Pour 20 c. c. of the solution into a glass and drop upon the surface of the liquid a few centigrams of powdered phenolphthalein. Agitate the fluid by giving the glass a circular motion, as if one were rinsing the glass. The liquid ought to remain colorless. A red tint more or less intense indicates the presence of a quantity of free alkali or an incomplete carbonation due to faults in the technic.

Titration of the Solution.—Measure 10 c. c. of the solution; add 20 c. c. of 1:10 iodine solution and 20 c. c. of acetic acid. Pour into this mixture a decinormal solution (2.48%) of sodium thiosulphate (hyposulphite) until decoloration.

Let N equal the number of cubic centimeters of thiosulphate employed. Then the quantity of sodium hypochlorite for 100 c. c. of the solution would be given by the equation:

$$T = NX\ 0.03725$$

Precautions. Never heat the solution! If, in case of an emergency it is necessary to titrate the chlorinated lime use only water, never with the solution of soda salts.

Necessary materials. (1.) A solution of 0.5% sodium hypochlorite prepared by the Dakin and Daufresne technic.

(2.) A glass container with a capacity of from 500 to 1000 c. c.

(3.) Two yards of moderate sized rubber tubing.

(4.) An adjustable clamp for controlling the flow of the solution.

(5.) Rubber instillation tubes about 25 cm. long with assorted diameters (average size No. 16 French.) These tubes are tied at the extremity and perforated with holes made with a punch. The primary and secondary tubes are 7 mm. in internal diameter and the little holes in these tubes are only 1 mm. (1-25 inch) in diameter.

(6.) Ordinary rubber tubes drains, from 25 to 35 cm. long, without lateral holes.

(7.) Glass connecting and distributing tubes.

(8.) The dressings consist of cotton surrounded by gauze. The cotton consists of a layer of absorbent cotton with a thicker layer of non-absorbent cotton. These dressings are about 3 cm. thick and of different sizes. Three different sizes are sufficient—one large enough to surround the leg once, a second to surround the arm, the third still smaller. Webbing straps with buckles to fasten the dressing in place.

(9.) Sterilized pieces of gauze impregnated with yellow petrolatum to be used in the protection of the skin.

Operative Technic to Prepare the Wound for the Introduction of the Antiseptic.—The future course of the wound is directly dependent on the thoroughness of the first surgical act. This should be carried out under the strictest aseptic precaution and at the earliest possible moment. It consists of a thorough, methodical, mechanical disinfection of the wound, with the extraction of all shell fragments, particles of clothing, dirt, etc. The operative field is painted with a tincture of iodine, and the bruised and necrotic skin-edges of the wound are trimmed away with a sharp knife. The knife and forceps are then put aside. With new instruments the wound is laid open like a book and gently explored for shell fragments, pieces of clothing, pockets, etc., everything that could have been infected by the traumatism or could become the source of infection is removed. All non-infected tissue and tissues unlikely to become infected are preserved.

Gentleness of manipulation is the keystone of the technic. Brutalization of the traumatized tissue is a technical crime. In many of the cases it will be found that fibers of clothing, dirt, grass, etc., are encrusted in the muscular surface of the wounds. To avoid overlooking this blood stained debris the track of the projectile must be lightly but methodically resected. Great conservatism is exercised in the removal of comminuted fragments of bone. The same minute and careful cleansing is carried out in osseous wounds as in the soft parts. Before placing the instillation tubes a careful revision of the wound is made, and particular attention paid to securing a perfect hemostasis. Muscular tissue infiltrated with blood is difficult to disinfect.

There is another reason special to the employment of Dakin's solution which calls for a thorough hemostasis. Owing to its hemolytic property, Dakin's solution has the power of dissolving recent blood-clots. A poor hemostasis invites the danger of a secondary hemorrhage.

Counter openings for drainage are rarely employed. If the necessity for their use should arise, one should avoid making them at the most dependent

point, as the goal of technic is to keep the liquid in contact with all the surfaces of the wound.

The Introduction of the Instillation Tubes.

The guiding principle is to place the tubes so that the liquid will come in contact with every portion of the wound. The placing of the tubes will vary with the nature of the wound.

Superficial Wounds. A thin layer of gauze is placed over the wound, and on this the requisite number of instillation tubes. The tubes are secured to the wound edges by a rubber cuff and suture. If the tubes are placed directly on the surface they become encrusted and the orifices are blocked with granulations. Too thick a layer of gauze should not be used, as it will become clogged with the wound secretions and prevent the solution from reaching the wound.

Penetrating Wounds. In the simple type a tube without lateral perforations is introduced to the depth of the cavity and the solution allowed to well up from the bottom. In a large tract terminating in a cavity with irregular collapsible walls a little gauze is introduced to support the walls of the cavity and allow a more thorough distribution of the fluid. Penetrating wounds with the point of entrance in a dependent position (as the buttock, posterior surface of the extremities, and back) are treated with perforated tubes dressed with toweling. These tubes keep the antiseptic in contact with the wound. A suitable non-perforated tube can be used.

Through and Through Wounds.—A perforated tube with the tied extremity uppermost is passed from the lower to the upper wound. The liquid escaping through the small lateral holes flows back along the track to the inferior orifice, moistening the entire wound. Wounds of the hand or foot, open amputation stumps, etc., are immersed in Dakin's solution for from ten to fifteen minutes every two hours until the wound is sterilized. The skin is protected by smearing it with sterile yellow petrolatum.

The After Care of the Wounds. The materials used have been described. In care of the wounds a strict instrumental technic is employed, the gloved hands never coming in contact with the wounds or dressings. Instillations of the fluid are made every two hours (day and night) by releasing the adjustable clamp (for a second or two) controlling the flow. The amount of the solution employed varies with the nature and extent of the wound. For the average wound 10 c. c. are sufficient. This interrupted instillation is kept up until the wound is proved sterile. The tubes are then removed and a compress moistened with Dakin's solution is applied. Formerly a continuous instillation was the method of choice; if used at all it should be discontinued in from twenty-four to forty-eight hours. The rate of instillation is from 5 to 20 drops a minute, according to conditions. The object is to moisten the wound surfaces and not flood the bed.

Once a day, oftener if necessary, the wound, the tubes and the flow of the liquid are inspected. Flushing the wound shows if the solution is being delivered as planned and mechanically washes away the excess of wound secretion.

The Carrel method is not a continuous irrigation, it is a mechanical attempt to deliver an antiseptic of definite chemical concentration to every portion of a surgically prepared wound and to insure

its constant contact for a prolonged period.

Systematic Bacteriological Examination of the Wound. This consists in a regular determination of the number of microbes on the wound surface. This is done by transferring with a standard loop a portion of the secretion to a slide and counting the number of microbes per microscopic field. This is carried out every second day and the results are entered on a suitable chart. When the microbes are absent from the wound on three successive counts, the wound is considered sterile. Though not absolute, the bacteriologic control is of great practical value as a therapeutic guide. It is better to begin the bacterial chart one or two days after the reception of the patient. As a rule the germs begin to appear on the ninth or tenth hour. There is an initial rise on the second or third day. This remains so for a few days and then the descent begins. Wounds on the soft parts are sterilized in from five to eight days. Greatly traumatized wounds require a longer time. Fractures can be sterilized in from two to four weeks. If sequestra are present, they must be removed to obtain an asepsis. Wounds sterilized by the Carrel method are readily reinfected if the treatment is stopped.

Reunion of Wound. When by three successive tests, the bacteriological examination shows the wound to be sterile, it is closed by careful layer sutures. In the favorable cases this can be done on the 5th day. The average time for the soft parts is from seven to nine days. In cases in which sutures cannot be employed the wounds are closed by adhesive straps passed in such a way that beside pulling the edges of the wound together, they make a compression around the whole circumference of the limb or a corset lacing. Care must be taken not to have the circular bandage, if this is used, too tight.

During the Spanish-American War the deaths from sickness outnumbered those from wounds in the proportion of 6 to 1, bearing out the old tradition that disease is more deadly than bullets. That a startling change has taken place, however, is borne out by the statistics gathered among the Canadian troops in the present war in which the proportion of deaths due to disease to those from wounds, instead of being 6 to 1, is but 1 to 20. These figures include not only those actually engaged but also the entire Canadian contingent from the time of its enlistment during the nearly three years in camp and trench, and represent less than 1.5% of the total casualties. Out of 5,242 officers and men who have not been killed outright but wounded, of those dying the first twenty-four hours 80% of the deaths have been directly traceable to infection. Furthermore, according to Tuffier, consulting surgeon of the French, 80% of all amputations have to be performed because of infection, and 95 to 98% of all secondary hemorrhages are due to the same cause. While in our own civil and industrial surgery, owing to better facilities for early treatment, these figures may not be so high, still it is true that a large proportion of deaths, amputations and of prolonged disability can be directly traced to infection. The part played by infection and the prime importance of its control were early recognized by Carrel, who for over two years has bent every effort toward its solution, with the result that now for the first time in history, we have a method, which if resorted to sufficiently early, will not only positively prevent and abort infection of any sort but eliminate it in from

one to three weeks after it has become fully established.

The granulation tissues of wounds treated with Carrel's method have an entirely different gross appearance from granulations treated with any other method. They are bright red, resembling much the gross appearance of a cross-section of beef muscle. After the infection subsides, the granulations can be rubbed with gauze sponges, free from pain and bleeding. They are firm and well organized, never becoming superabundant. If the dressings or granulations are painful infection is present. After the granulations are sterile, reinfection can easily be caused by carelessness in technic. The skin must be scrupulously cleansed at every dressing to prevent infection of the wound. If Dakin's solution is stopped, the wound will rapidly become infected. This question is frequently asked, "can the same results be secured with solutions other than Dakin's hypochlorite?" Depage and Carrel in exhaustive experiments tried out a great many solutions (salines, phenol (carbolic acid) mercuric chlorid, etc.) and found that a wound could not be kept sterile with these solutions and that they could not be sutured with any degree of safety.

The Carrel technic with Dakin's solution is undoubtedly a specific so far as infection of wounds is concerned. It not only aborts infection if used early, but cures it when once established, provided the focus is within reach of a Carrel tube. It is being used successfully in the treatment of suppurations following radical operations on the frontal and mastoid sinus, and infections about the mouth and teeth (if a technic can be devised in the treatment of pyorrhea, one can hope for success; the present technic is to follow the mechanical cleansing of the teeth by packing around the gums loose pledgets of cotton, this cotton to be kept saturated with Dakin's solution by applying the solution with cotton applicators for five minutes every hour; the peridental membrane is also injected with a platinum syringe) suppurating glands and abscesses of the neck, empyema, fecal fistula, walled off abdominal abscesses, suppurating joints, chanroidal infections, ischiorectal abscesses, cystitis, uterine infection and infection in wounds following operations.

Dr. John B. Deaver reporting on his use of the Dakin solution in the Philadelphia hospital says,—"the signal advantage of a reduced period of convalescence resulting from the use of the solution has already been emphasized. This is particularly true of acute pulmonary empyema, which formerly required several months hospital treatment, and even after that time were often dismissed with sinuses draining pus, but which today become pus-free in ten to fourteen days, and leave the hospital in two to four weeks. Likewise cases of carbuncle clear up more rapidly and can be discharged with a closed wound instead of a granulating one."

From recent information from Tuffier it is conservative to say that 150,000 lives and 75,000 amputations, with hundreds of thousands of cripples, have been prevented by the use of the Carrel method, and while many surgeons object to the extra time and material used in treating wounds by this method, yet if it is properly systematized these objections can easily be overcome, and I feel that the method can be of great value to us in selected cases in the general practice of surgery as well as for military work.

Vermont Medicine

The Official Organ of the Vermont State Medical Society

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Editorials

34,494

Those are figures that the medical profession may be proud of. They represent the number of doctors in the service at the time the armistice was concluded and active hostilities at an end. When we entered the war the Army Medical service comprised 444 surgeons, and in nineteen months over 34,000 doctors in civil practice had accepted commissions in the army and navy of the United States. In the proportion of one surgeon to every hundred men, provision has thus been made to satisfy the medical requirements of an army of three and a half million men. The enrollment of nearly thirty-five thousand doctors in the medical service, accomplished so quietly and smoothly as scarcely to excite general comment, not only testifies to the admirable spirit that pervades the profession of medicine, but seems to indicate that in spite of the high educational requirements for the degree of M. D., there have been an unnecessarily large number of doctors in our country. And this, according to statistics of other countries, seems to be the case. We have an average of one physician to every 700 inhabitants, a proportion largely in excess of that which obtains in any country of Europe. And yet without this excess we could never have met the sudden requirements of such an immense number of soldiers, suddenly called from peaceful pursuits to the terrors of war.

For, compare the size of the armies engaged in the present war with those which have fought and won the great and decisive battles of history. Alexander invaded Persia with 40,000 men; 10,000 Athenians supported by 1,000 Plataeans won the battle of Marathon; Caesar had 22,000 men under him at Pharsalia; only 24,000 British soldiers were engaged in the battle of Waterloo. A hundred years ago the "regimental surgeon" attended to the medical needs of an entire regiment. Charles Lever was a physician who practised for some years in Brussels and was intimately acquainted with regimental surgeons, but

seems not to have viewed them with admiration. Smollett served three years as surgeon's mate in the British navy and Goldsmith nearly obtained a similar place in the employ of the East India company.

With the figures quoted above how enormous seem the armies that have been engaged in this war; with the condition of the medical service of one and two centuries ago, how can we compare the admirable work accomplished by our colleagues of today? There are no words which can express our admiration and respect for the Medical corps. They are far beyond all praise.

In this work we are proud to say that the State of Vermont has not been a laggard. Out of 492 physicians within the age limits, we have sent 179 to be commissioned in the Medical corps, besides an unknown number who having applied for a commission have failed for some reason to obtain it. It is safe to say that half of the doctors in the state have applied for a commission in the medical service. We mention this fact in order that we may establish a true record of our devotion to our country.

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BERENICE R. TUTTLE, Rutland
Chairman for Vermont

Correspondence

THE EASTWOOD CASE

Letter to Editor of VERMONT MEDICINE.

To the Members of the Vermont State Medical Society:

The Preacher said in chapter II, verse 2, referring to the "Eastwood case," "Give a portion to seven and also to eight." The Prophet Isaiah said, also referring to this celebrated case, in chapter 10, verse 14, " And my hand hath found as a nest the riches of the people; and as one gathered the eggs that are left have I gathered all the earth." So the "Seven" must come again, as the Medico-legal fund still has a little left. The old adjuration "to search the scriptures" will, if followed, give great relief and consolation even to the tired doctor's heart. Had I not done so I could never have become reconciled to the rape of the Fund as disclosed on page 274 of the October issue. Because it simply "had to be," and this page 274 simply tells the tale, in fulfillment of the "command" and prophecy of some thousands of years ago. "Give a portion to seven, and also to eight." The "eight" must refer to the eminent legal light who was concerned in the case, and whose services were no doubt worth the fee. My one best wish for the Preacher is that he knows today how literally and liberally it "was given to the seven." When the writer first read this report, he rubbed his eyes and read it again. He then closed his eyes, and—but for a lame knee he would have fallen upon his knees—mumbled to himself the old very human prayer, "I thank Thee, oh God, I am not, etc." After which he took

his well worn Bible and was made indeed glad when he found the passages as quoted above. He then read further to see if the preacher or prophet had inserted the names of these seven estimable, philanthropic members of the Vermont State Medical Society. Only disappointment met his hopes, but he waits in trustful longing that the next "King James," when revised, will show that they were written there, so that the question, if any doubt still exists in the minds of some Thomas in Vermont, may be absolutely settled. To his mind it had to occur just as much as the other somewhat important events which were foretold by the Prophet. The one Apostle was just as necessary to the scheme of salvation as was the Master Himself. Kipling has said, "The East is east and the West is west, and never the twain shall meet," or words to that effect. Over on the East side of our State the medical profession have never so far forgotten the Golden Rule or simple ethics as to make any charge for appearance in court when summoned to the aid of a brother who has had a malpractice suit. Sometimes car-fare, hotel bills, etc., have been paid, but not always. "Services" have never been charged for, and never will be. The most noted surgeon in New Hampshire has frequently appeared in our courts without charge. Many know of a Boston surgeon who appeared to help defend a doctor in the New Hampshire courts some years since and who charged for his "services." Prior to that time he is said to have had quite some surgical practice in lower New Hampshire. Since that time the income from his practice in that state would not buy sufficient bird seed to properly sustain the cuckoo in a clock. To us of the East side, therefore, this matter looks exceedingly small and beneath the dignity of the profession, we of course being rather provincial. Further, if this fund is a fund for the periodic and frequent aid of physicians, indigent or otherwise, let us take away all camouflage and call it by its correct name. The real point, however, seems to the writer to be whether these worthy gentlemen have made charges in similar cases prior to the existence of the fund, or whether the sight of $5,354.00 was too much for them. If the latter let them get solace by repeating to themselves St. Anthony's prayer—or take comfort in the words of the Preacher of old or Isaiah, thinking that they were those to whom the Holy Writ referred. "The East is east and the West is west, and never the twain shall meet,"—in the report of the Trustees of the Medico-legal fund.

JOHN M. ALLEN.

Office of the Surgeon,
1st Corps Air Service.

October 9th, 1918.

This is the first time I have had to write you more regarding medical service over here. I am sitting in my little canvas Infirmary—my fingers stiff with the chill and fog of the French Fall—and will try to hammer out something. Use what you wish of it—little or none. I can not find the time to make corrections on the stuff and must simply write it off as it comes to mind and leave the corrections to you.

I believe that I left off my last article with the new M. O. back of the lines with his men in training. After the long or short period of training received over

here (the time depends on that received in the States)—you, one day, receive the order to "entrain." Everything is packed and the excess of supplies sent in to the Q. M. and, almost before you realize the fact, you are loaded and on your way. The soldiers are packed into the little French freight cars—sleeping on the floor—while you, as Battalion Surgeon, travel in the second coach from the front of the train along with five or six line officers. The compartment was intended to seat, comfortably, four persons. The six of you sit, sleep and eat in it for from two to six days and nights while en-route for your point of de-trainment. Meantime you live on "Canned Willie" and Hard-Tack—washed down by champagne that you buy from women who pass outside your window at each station laden with baskets of this French salvation. The wine costs you from five to seven francs—and is worth it!

Arrived at your unloading point, your equipment reassembled, you turn into any form of shelter that is available for the remainder of the night. You will always start on these journeys at night and you will always end them at night. Troops do not move about the region of the front in day light for numerous reasons. The following night, at dusk, you fall in at the rear of the Battalion with the men of your Hospital Corps, and start for that unknown quantity—the front. Mile after mile in unbroken silence save for the steady shuff-shuff-shuff of the hob nails on the hard road. Now you turn through the impenetrable darkness and, by the softness of the footing and the occasional scraping of elbow against dirt side you realize that you are in some sunken road or very wide trench. A runner reaches your elbow by some uncanny devination. "Sir. The Battalion P. C. is here, the Dressing Station is in the dug out just across."—You stumble down a pair of slippery steps into a cellar like cave lighted by candles—and there you are!

You slip the heavy weight of your equipment from your weary shoulders and sigh with relief?—Oh, yes. Certainly you carry your own—unless you wish to ask one of your men to add your burden to the similar one that he must carry—this is not a "kid glove" war! You look about. The room is, perhaps, twenty feet long by fifteen wide. There is a rough wooden bench across one end—above it a row of rough board shelves. A stretcher resting across two horses stands under the central candles,—later you will light your carbide light. You unpack your dressings and arrange them on the shelves. You light your Alcohol stove and proceed to heat water. A call comes for additional stretcher bearers in the front line—you detail the number of men required. You are ready for work there in the third line trench. The wounded begin to straggle in—there is no attack—just the ordinary casualties of daily life in the line. A boy with a bullet wound through the shoulder, a fractured arm from a fall in the slippery trench, a sprained wrist, a boy with his hand mangled from the premature explosion of a hand grenade. First and foremost comes the A. T. S.—(anti-tetanic-scrum)—and you draw a T with Iodine on the boy's forehead as a quickly read sign of its administration to those farther to the rear through whose hands he will pass on his way to the rear. You apply a quick first aid dressing to the wound, a Thomas splint to the fracture, reduce the sprain, bandage the hand. You fill out the diagnosis tag in duplicate and firmly attach to the wounded

man's coat the original with its concise information of wound, treatment, name and regiment. He is carried to the regimental P. C. by your bearers, from there to the nearest Ambulance company, from there to the Field Hospital, from there to the nearest Evacuation, from there to the Base Hospital far in the rear. Your one imperative, unremitting work is First Aid dressing, A. T. S., Hot Drinks —with capital letters—and Diagnosis Tags. You will not "Operate"—you will not do "plastic surgery"—you will dress wounds—rapidly and well—and you will never forget that life saving A. T. S.! There is to be a Trench raid. Information is required. You assign men from your Corps to each company that is to go "over the top"—They carry dressings in place of bullets in their bandoliers. They also carry a stretcher and when the "Dough-boys" go over—they are right there in the last wave. If you are the Senior Surgeon—you will probably remain in your dug out and treat the wounded as they come in, if you are the Junior—you will probably go over with the boys while your senior remains to attend the dressings. R. H. I. P. is a well known army rule (Rank Has Its Privileges). The rats scurry across the floor of your station, the noise from the bursting shells is terrific, your one pack of cards is greasy and worn from the interminable games of "Canfield" you have played, you have not had your clothes off for two weeks, you have bandaged and jabbed and made Chocolate, you have become calloused to the feel of crawling "Cooties" as they scurry across from shoulder to hip, you have seen all manner of interesting "cases"—which you have treated with a bandage and a shot of A. T. S.—you think of your well lighted office back in "God's Country" —of clean clothes, of hot baths—you wonder if it's worth while—then one more wounded boy comes in through the hanging double curtain that hangs as a gas barrier across the door way. He is only a boy with beardless face and mud-stained clothing. His face is white and jaws tight set. His clothing wet, his eyes sunken. He shivers with the cold and with the pain. Your bearers lift him to the improvised operating table—he winces with the pain of the movement —but not a sound from his tight closed lips. You examine him. His right leg is a mass of contusions. His body is punctured in a half dozen places by flying fragments of shell. His left arm shows a compound fracture at the elbow. You automatically light him a cigarette from the supply furnished you by the Red Cross. (Horrible. Isn't it?) and he goes to it like a kitten for warm milk —he almost smiles, it's his first smoke for a week. The Sergeant has started the Alcohol lamp burning under the improvised operating table—its heat conserved by draped blankets—you hand him a cup of hot chocolate—he does smile now —already his face has a better color. "I'm going to hurt you some now, Son." —"Shoot the works, Doc"—with a real grin this time. You "Shoot the works" —meaning that you reduce the fracture and apply your ready prepared splint, he has had his A. T. S., you wrap him in his bandages, you give him another hot drink, light him another "Fag"— and as he is carried out by your husky bearers you catch a look in his eyes, caught by your own, that most men only see in the eyes of their wives—at the birth of their first born—or in the brown depths of their favorite Setter—YES!—It's worth while!!

R. E. SMITH.

FOR NOTICE

To the 257 Journals listed in the American Medical Directory, Pages 91 and 92.

The Annual Report of the Surgeon General, U. S. Army, for 1918 (including statistics for the calendar year 1917 and activities for the fiscal year ending June 30, 1918), has just been issued from the Government Printing Office. It contains a comparative study of the health of the Army, 1820-1917; an account of the health of the mobilization camps and of the Army by countries; a consideration (70 pages in extent) of the principal epidemics in the camps; and a discussion of fractures and operations. Nearly 200 pages are devoted to the special activities of the medical department:—with the American Expeditionary Forces, and in the divisions of sanitation, hospitals, supplies, laboratories and infectious diseases, internal medicine, general surgery, orthopedics, head surgery, neurology and psychiatry, psychology, food and the Dental and Veterinary corps. In addition to the usual tables of illness, discharge for disability and death, there are given tables of battle wounds and operations; of complications of various diseases and of case mortality. The text is illustrated by 73 charts. Altogether the report is a study of health and morbidity in an Army of over 1,500,000 men, for the most part yet in the period of training. It should be of interest to epidemiologists, vital statisticians and army medical men.

NO MORE PHYSICIANS TO BE COMMISSIONED IN THE MEDICAL CORPS.

At ten o'clock on the morning of November 11th, the War Department discontinued the commissioning of physicians in the Medical Corps.

This condition, in all probability, is permanent, and no further consideration will be given applicants for a commission in the Medical Corps until further notice.

FRENCH MEDICAL VOCABULARY AND PHRASE-BOOK prepared by Joseph Marie, Pub. by P. Blackiston's Son & Co., Phil. Pa., cloth, postpaid, 50 cents.

Doubtless this little word-book will prove of service to the medical beginner from its handy size and for the list of words. We have glanced it through hurriedly and recognize its fitness. There are of course some strange errors. For example, in the "Phrases," the question "Is it inflamed?" is turned into French as "Est-ce enflè? but enfler has no such meaning. The verb means to blow up and the past participle means puffed up, distended, swollen, coming from the Latin inflare, to blow into. For enflé read enflammé. The greater part of the work consists of a vocabulary of medical terms which doubtless will be of value, but a language is something more than a vocabulary.

Excerpts from Other Journals

PEPTIC ULCER

G. A. Friedman, New York (*Journal A. M. A.*, Nov. 9, 1918), from the study of the literature and experimental evidence holds that peptic ulcer is not due, as commonly believed, to gastric acidity, but that the hypothesis of its causation by the disturbance of internal glandular secretion is much more probable; more especially that of the thyroid or suprarenals. Vascular changes in the gastric mucosa, such as ischemia or stasis in limited areas or in the musculature of the vessels, are produced. The spastic stomach of gastric neurosis may be caused by deficiencies in parathyroid or epinephrin secretions or excesses of thyroid products, while the subtonic stomach is due to deficiencies in thyroid products or excesses in parathyroid or epinephrin secretions. Altered peristalsis in peptic ulcer is caused chiefly by glandular neurosis of the above named glands, and this ductless gland neurosis causes secretory disturbances either directly or indirectly, by centering its influence on the pyloric or duodenal mucosa endowed with endocrine properties. The functional disturbances in the true endocrine glands may in time cause in them pathologic disturbances. Acute experimental ulcer, after partial parathyroidectomy or partial removal of the suprarenals does not show healing tendency. A spastic stomach may often be produced experimentally by pilocarpin injections, the action of the drug being similar to that of thyroid extract. Atonic dilatation is observed after partial thyroidectomy. Clinical observations in conjunction with experimental findings suggest the endocrine initial origin of peptic ulcer, though hydrochloric acid may be a later important factor.

PUBLICITY WORK IN MASSACHUSETTS

"That a tremendous national campaign of publicity and preventive education against cancer such as was employed in the influenza epidemic would result in saving annually many thousands of Massachusetts citizens over 40 years of age from intense suffering and untimely death was the opinion expressed yesterday by Dr. Edward Reynolds of Boston, Chairman of Directors of the American Society for the Control of Cancer.

"Few realize," said he, "how easily most cases of cancer are cured by early surgical treatment, how dangerous every day of delay may be in precancerous conditions and how deadly is the disease when once it has become well established.

"If cancerous growths are let alone for even a very little while the usual result is sending out through the body the migratory cancer cells which may develop growths in so many places as to render operation unsuccessful. The localized precancerous condition is a mere nothing if you get it out of the body before the migratory cells get into circulation.

"Of civilized people over 40 years of age one in every 14 men dies of cancer and one in every 8 women. These figures are the careful computation of the life insurance companies.

"Cancer attacks more men and women over 40 than does tuberculosis, pneumonia, typhoid fever or any chronic disease. About 80,000 deaths annually in the United States are due to cancer.

"The majority of cases of cancer in the early stages are curable. The bulk of all cancers are in positions that permit of successful operation.

"After 40 it is highly unsafe to neglect persistent ulcerations, cracks in the skin, sores, lumps in the breast or chronic indigestion with loss of weight and change of color.

"Birthmarks, moles or warts which change their appearance or show signs of irritation should be regarded with suspicion and should be examined by a competent surgeon.

"Medicine is worse than useless: By producing a period of freedom from discomfort it delays the proper treatment. Medical cancer cures are all bogus. Barring the use of radium or similar means for the small affairs of the skin, surgical operation is the only cure for cancer.

"In the earliest stages of the 'precancerous' conditions the operation for cancer of the breast usually requires an incision only an inch or two long, necessitates carrying an arm in a sling for a few days, brings about only a trifling expense and causes no deformity.

"Women must learn not to wait for pain to become prominent but to seek competent advice regarding mysterious symptoms. Pain indicates that the sufferer is late in action, but not necessarily too late.

"Heredity is a factor of small importance in discussing cancer and the possibility of transferring cancer from one person to another may be practically disregarded."

PHILADELPHIA HEALTH DEPARTMENT WARNS AGAINST CANCER

In a statement published in the *Philadelphia Bulletin* for July 15th, Dr. Krusen, director of public health and charities, said:

"If enemy airplanes dropped gas bombs over the city, killing five persons every day throughout the year, mostly women, the community would be in an uproar. Yet, this unsuspecting disease, cancer, causes one death on the average of every five hours daily.

"Consult your family physician regarding any suspicious growth. Cancer is a curable disease, but in order to obtain the benefit of this cure, it is essential that it be recognized early when complete removal by surgical means can be effectively accomplished. Internal medicines are worthless."

PREVENTION OF MENINGITIS, DIPHTHERIA AND OTHER INFECTIOUS DISEASES IN THE ARMY CANTONMENTS.

Some exceedingly interesting work on the prevention of the infectious diseases originating in the nasopharyngeal tract is being done by army surgeons at various cantonments.

For instance, in an article on "Meningitis at Camp Greene," contributed by Capt. Paul G. Woolley, to the *Journal of Laboratory and Clinical Medicine* for April, the statement is made that, "In the only organization which made use of systematic nasal sprays since the first of the year, not a single case (of meningitis) developed, and also that in those organizations in which sprays were resorted to after the appearance of the disease no other cases appeared." The spray used at this camp was Dichloramine-T. Captain Woolley says that after this experience "one comes to have a very healthy respect for Dichloramine-T as an agent for the prevention of diseases of upper respiratory tract origin." He adds: "The organization numbered 7 in the chart has had the lowest measles and pneumonia rate in Camp Greene and is the only one which has systematically used the nasal spray. Its record is striking, and forms a reasonable basis upon which to recommend that the routine use of nasal spraying with Dichloramine-T be introduced into the camps for the prophylaxis of respiratory diseases."

Virtually, the same method of treatment was employed by Major Carey P. McCord, Major Alfred Friedlander and Capt. Robert C. Walker, at Camp Sherman, in the treatment of diphtheria, in an article published in the July 27th issue of the *Journal of the American Medical Association,* in which they state that in the treatment of these carriers they inaugurated the use of Chlorazene. They employed "an aqueous solution of 0.25 per cent. strength, administered as a gargle three or four times daily. In certain cases, the application was made by throat specialists to insure the reaching of remote points in the nasopharynx. The gargling was followed with an oily spray of Dichloramine-T of 2 per cent. strength. It may not be maintained that the Chloramine action is exclusively responsible for the appreciable reduction of days in hospital of carriers. This is in part due to the Chlorazene-Dichloramine-T treatment and in part to the general painstaking systematizing of the entire care of such patients. Through the use of these several described procedures, it has been possible to return the carriers to duty after an average of twenty-three days in hospital. During the month of May our systematizing of treatment made it possible to discharge all diphtheria patients (sixteen in number) after fifteen days in hospital, and all carriers (twenty-nine in number) after sixteen days in hospital."

The combined use of aqueous Chlorazene solution and the oil solution of Dichloramine-T promises to be of utmost value, not only in preventing diphtheria and meningitis, but also as a prophylactic in pneumonia, measles, streptococcic sore throat and the other diseases originating in the nasopharyngeal tract.

Chlorazene and Dichloramine-T are manufactured by, and obtainable from, The Abbott Laboratories, Chicago, Illinois.

The Battle Creek Sanitarium and Hospital

Established 1866

Medical Neurological Obstetrical Surgical Orthopedic Reconstructive

Educational Departments

Training School for Nurses. Normal School of Physical Education. School of Home Economics and Dietetics. Students received on favorable terms. Registered trained nurses, dietitians and physical directors supplied. Descriptive literature mailed free upon request.

THE BATTLE CREEK SANITARIUM, Battle Creek, Michigan

BOX 267

Calcreose

CALCREOSE is a new creosote product—containing 50 per cent. of pure beechwood creosote—which can be taken in large doses (160 grains daily) without causing gastric irritation or discomfort.

Calcreose Powder. Add to one gallon of water. Per pound, **$3.00**

Calcreose Tablets, 4 grs. 100, **40c.**; 500, **$1.60.**; 1000, **$3.00**

Calcreose Tablets, 1 gr., Aromatic. 100, **25c.**; 500, **85c.**; 1000, **$1.50**

Calcreose Tablets, No. 2. Calcreose, 4 grs.; Iron, reduced, ½ gr.; Arsenic Trioxide, 1-150 gr.; Strychnine, 1-150 gr. 100, **45c.**; 500, **$1.75**; 1000, **$3.25**

Calcreose with Iodine Tablets. Calcreose, 4 grs., Iodine, 1-30 gr. 100, **45c.**; 500, **$1.85**: 1000, **$3.50**

Calcreose-Iodin, Infant Tablets. Calcreose, 1-3 gr.; Iodine 1-20 gr., with Aromatics. 100, **20c.**; 500, **60c.**; 1000, **$1.00**

Write for "Therapeutics of Calcreose" and Samples

THE MALTBIE CHEMICAL CO.
NEWARK, NEW JERSEY

NEUROCIRCULATORY MYASTHENIA

That the substandard soldier is a fact detrimental to army efficiency is pointed out by Andrew McFarlane (Albany, N. Y.), Camp Gordon, Atlanta, Georgia. (*Journal A. M. A.*, Aug. 31, 1918). Therefore one of the first steps in making a new army is to sort out those who are manifestly unfit and to a certain extent this is effected. But as the training becomes more intense, soldiers are reported by their regimental surgeons as having defects that are serious, but not so obvious as to have caused their earlier rejection, and so far as they are concerned make the routine examination relatively worthless. McFarlane reports the results of later examinations of such cases at Camp Sevier, S. C. A cardiovascular detachment of ten tents was opened and of forty-one patients referred to it, seven were found to have organic disease of the heart, and were referred to the disability board for discharge. Five were adjudged free from cardiovascular disability and returned to the command with the request for their further observation. "The remaining twenty-nine soldiers all had this in common. They were reported as inefficient soldiers, though no determinable organic cardiovascular lesion was found. They presented practically the same syndrome, marked cyanosis of the hands extending up above the wrists; coldness and sweating of the hands and feet; sweating under the armpits even when in a cold tent; tremor; flushing; marked lability of the pulse and blood pressure on standing or lying down, and after exercise; marked thrill, often felt over the precordium; no increase of cardiac dullness; booming first sound or indefinite murmur at the apex; frequent accentuation of the second pulmonic sound and mental instability. After exercise these patients became more or less breathless and cyanotic, and complained of precordial pain, palpitation, giddiness and abnormal exhaustion." Full details of the defects are given in tabulated form, and also the results of examinations according to Pignet's formula. Only one of these men could be rated as strong, and examinations by nose and throat specialists revealed apparent foci in all. The British experience in this regard is referred to, but their problem was somewhat different as the soldiers had already been to the front and were returned for inefficiency. In the great majority of cases the recognition of this substandard quality was not difficult. Similar conditions were noticed in the Civil War by DaCosta. In the British service the aim has been to build these men up with exercises, and similar methods were employed here. They were sent to the base hospital clinics for treatment of their teeth and tonsils, and graduated exercises were given each day, with graded hikes in the afternoon, all exercises being overseen by two physicians. The problem was to determine what each soldier could do with his own physique irrespective of height and weight. The scientifically graduated exercises were followed later by the graduated work of a soldier. Games and proper occupations were encouraged. In this way, by building up the system and training, the weakened muscles of some good soldiers could be saved to the country. Others might be employed for special service, and the remainder returned to civil life better and wiser for their army experience.

CALCREOSE

Calcreose is a creosote product, made in the United States of America by an American manufacturer. Clinicians have used it with good results in the treatment of all forms of bronchitis and especially the bronchitis accompanying pulmonary tuberculosis. It has been taken for long periods of time, and in large doses, without causing gastric irritation or discomfort; no burning; no nausea. Calcreose is also valuable in gastro-intestinal infections. Incidentally, the price of this product is far below that of other creosote products of foreign manufacture. The booklet "Calcreose Therapeutics," which contains all information as to indications, dosage and method of administration, may be obtained by writing to The Maltbie Chemical Co., Newark, N. J.

Vermont Medicine

The Official Organ of the Vermont State Medical Society

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Original Papers

SOCIALISM AS APPLIED TO MEDICINE.

The principle of Socialism as a protest against the unjust concentration of public wealth in the hands of a few individuals is almost as old as injustice, whose reign began so long ago that the Neanderthal man himself must in comparison be regarded as a Second Avenue sport. In later times it took the form of the Agrarian Laws upon which the Roman Republic went to pieces; under Henry VIII. it suppressed the monasteries in England; under Mendizàbal it alienated monastic properties in Spain; within recent years it appropriated the Church possessions in France; in 1848 it became organized and vociferous in Germany, and came near changing the map of Europe; today it permeates society and its voice is to be heard on every street corner. The Bolsheviki may be destroyed in Russia and the extreme Socialist party be suppressed in Berlin, but Socialism itself is today rampant and tomorrow will be dominant.

As more or less well-informed students of history we are all interested in the portentous growth of this young giant. We watch it with amazement and dread, for we are unable to see what the world will look like under the new conditions which we feel are already impending over us. We have heard much of the war after the war. It is probable that we do not yet know what-like this new war will be, but it is certain that no war of ideas can be fought successfully with machine-guns. Nero and Domitian proved that.

In our own domain of Medicine we have become aware of the gradual and steady progress toward Socialism. Indeed, no department of human activities but witnesses this progress. In our own field we have observed it, sometimes with approbation and sometimes with misgivings. Our approbation seems justified; perhaps our misgivings are only due to our failure to recognize in the new form the essential identity of the new spirit with the old.

Consider for a moment the changes that within a year and a half only have come upon the American people. The postoffice has been practically from the beginning the property of the Government. A little over a year ago came compulsory or "selective" military service. Then in quick succession we have seen almost every field of human activity taken over by the Government, railroads, telegraphs, telephones, the merchant

marine, express companies, mines, ocean cables, wireless, food and fuel, whiskey. Such things used to be called government monopolies like tobacco in the Spanish colonies and salt in India. What in the world has become of the Stamp-act and the tax on tea that inflamed our ancestors? How trifling they seem now! Well, the defence is, these things are only temporary. Wait! A thing can only be called temporary after it has ended. We are not finding fault, we see in all this the march of modern progress. Perhaps it will all be justified in the outcome. We are anxious to see this outcome but a child may set a stone rolling down hill and twenty men cannot stop it.

In medicine we have long been accustomed to quarantine, whose history, as we have had occasion to remark elsewhere, dates from the middle of the 14th century. The significant thing about its origin is that there was no physician on the early quarantine boards, and to the present day it is considered—and properly—as a State measure. With the State regulation of Medicine also we have no quarrel; with the compulsory examination of school children we are in hearty accord; with the system of compulsory Health Insurance, directed by the American Federation of Labor under the direction of State officials, we have no sympathy whatever. These things are all Socialistic and our attitude toward them is in no case one of general disapprobation but is guided entirely by their individual merit as we see it. Perhaps the disagreeable features may ultimately be eliminated from those which we disapprove.

A year ago we took up the question of Public Health Insurance in these columns. Every country in Europe, except possibly three of the smallest, have passed laws providing for Health Insurance, and one-third of the population has passed from the domain of private practice into the medical control of the State. In the United States the old pension laws in favor of soldiers have been merged into a system of Government Insurance and it will be to the interest of the Government to look after its policy holders through its own appointed physicians. How many hospitals and sanitariums are supported today by the State and how many people annually receive State aid through them and through State-controlled Dispensaries? Dr. Standish of Boston estimates the number in Boston alone at 270,000 annually, and the population of Boston is given in the P. H. R. for November 15, 1918, as 767,813.

Nor are specific and avowed attempts lacking to show the new spirit of Socialism which is invading medicine. There has been instituted in a town near Boston what is called the Framingham experiment. This town was taken over by the National Association for the Study and Prevention of Tuberculosis. It is a town of 15,000 inhabitants, comprising the three villages of Framingham, South Framingham and Saxonville, and has one or two woolen mills. In an address delivered before the Massachusetts Medical Society last June, Dr. Myles Standish of Boston referred to the Framingham Experiment. He describes the town as "a representative town with a fair proportion of manufacturing, commercial and residential population; and because it was already well organized, one hundred thousand dollars was donated to carry on the work and the community was to be stimulated to use every means to combat disease. In this experiment all the inhabitants, or certain large

groups of them, were to be examined as to their physical condition. Individuals found to have impaired physical conditions were to be advised to undertake medical treatment. Salaried physicians were to be appointed to take charge of the school children, and everybody was to receive medical care and advice, either from their own physicians or without expense to themselves. The people were requested to go to their physicians for examination, but as this alone would not bring about such a general examination as was desirable, physicians were brought into town to assist in the medical survey. The Society opened a free clinic for the tuberculous.

"Dr. D. B. Armstrong, in charge of the experiment, in an article published in the *Journal of the American Medical Association,* September, 1917, states that there had already been established a permanent full-time medical and nursing service for the school children, with a general supervising nursing service by the Board of Health; a full-time medical and nursing service for at least half of the industrial population; provision for a full-time secretary with plans for nursing and relief service under the auspices of a local civic league. The same gentleman, in an article in the BOSTON MEDICAL AND SURGICAL JOURNAL, February, 1917, also suggests a dispensary service, built on the clinic for the tuberculous already established, which might be placed on a pay and self-supporting basis, that would include not only tubercular cases, but also general medical, school medical, infant welfare, and, perhaps, dental services. He says, 'It is the hope of the Committee that further developments of the work will demonstrate that on a community basis, disease may be prevented and health created, thereby laying a permanent foundation for future social, economic and spiritual evolution,' and further says, 'that it ought also to be significant perhaps in its bearing upon the future of medical service in general.'

"It will need no argument on my part to convince this assembly that if half of the community were given a free medical and nursing service under a popular government, there would inevitably arise a demand from the voting population that the same benefits be extended to the entire people."

All these are things that have actually come, these and many others that have for the moment slipped from our mind, including the State control of Tuberculosis and the working of the Harrison law. We cannot escape the conviction that more radical changes impend and there is no doubt that the final condition of peace toward which we are now so rapidly traveling, will immensely accelerate changes that we can already foresee as well as produce others that are as yet obscure and unexpected. One thing is sure. If new conditions supervene, as seems likely, we must adapt ourselves to them without undue protest, provided there remains intact the fundamental principle that has guided the profession of Medicine from the beginning—the principle of unselfish service cheerfully rendered in the interests of humanity.

Vermont Medicine

The Official Organ of the Vermont State Medical Society

Conducted by the Publication Committee

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All business communications, including subscriptions, are to be addressed to Dr. Ball; other communications are to be sent to Dr. Chisholm.

The Committee assumes responsibility for the opinions expressed in the Editorial columns alone.

Editorial

VALEDICTORY.

It is with a deep feeling of regret that we send out this the last issue of VERMONT MEDICINE. For the three years now expiring, we have endeavored, as we promised in our first issue of January, 1916, to present to the members of the Vermont State Medical Society a journal that should meet with their approval, as representing the progressive spirit and the excellent ideals of medicine. We hope that our labor has not been in vain. Difficulties we have encountered, of which it is only necessary to say that some we have surmounted and some we have been content to evade.

A combination of factors has, however, brought about a condition which we can neither surmount nor evade, and the Publication Committee has finally decided that with this, the December issue, the publication of the Journal shall come to an end. In this decision we quite concur, with a feeling of relief that is not without regret.

Here, then, the relation of Editor and readers, that has subsisted between us for three years, abruptly terminates and in taking our farewell of you we wish you all heartily a prosperous and happy future and a cordial God speed!

DEPARTMENT OF LABOR AND INDUSTRY

Bureau of Inspection
HARRISBURG

SUBJECT: List of Physicians Engaged in Industrial Practice:

A. S. M. Chisholm, Editor,
Bennington, Vermont.

My Dear Sir:

Will you kindly call attention in the next issue of your Journal to the fact that Dr. Francis D. Patterson, Chief, Division of Industrial Hygiene and Engineering, Department of Labor and Industry, Harrisburg, Penn., is desirous of obtaining a complete list of all physicians

engaged in the practice of industrial medicine

It has been the practice of this Department to hold semiannual Conferences of Industrial Physicians and Surgeons for several years. These Conferences are well attended, and a great deal of valuable matter is presented in the discussions. In order to reach all physicians interested it is desirable to have their names upon our mailing list. The next Conference will be held early in 1919, and it is, therefore, essential that the names and addresses of all Industrial Physicians and Surgeons be in my hands as soon as possible after January 1st.

Expressing to you my deep appreciation for your courtesy in calling this matter to the attention of your readers, I am,

Very sincerely yours,
(Signed).
FRANCIS D. PATTERSON,
Chief, Division of Hygiene.

Excerpts from Other Journals

MEDICAL DEMOBILIZATION

From the present outlook it would appear that in the demobilization of the Army, officers can, if qualified, join the Regular Corps or the Medical Reserve Corps, or they may be honorably discharged. The medical officers of the Army and Navy constitute a splendid body of some 35,000 physicians, well trained and well equipped. It would be a mistake—in fact, almost a crime—to permit these men to be completely detached from the Army and Navy and to be absorbed in civilian life. Hence it is to be hoped that the third group—those requesting honorable discharge—will be comparatively small.

As is well known, the old Medical Reserve Corps was not really an active organization. It consisted of some 1,450 physicians affiliated with the Medical Department of the Army, but practically in name only. The National Defense Act of 1916, in creating the Officers' Reserve Corps, provided that the old Medical Reserve Corps should cease to exist and be replaced by the Medical Section of the newly created Officers' Reserve Corps. The Medical Corps thus created would have been more vital —actually a functionating body, since the act provided for instruction to be given to members of the Reserve Corps for periods of fifteen days each calendar year, and for pay and allowance during the period of instruction. Longer periods than fifteen days could be utilized with the officer's consent. But before the new law went into effect, our country had entered the world war.

Conditions are now radically different from what they were in 1916. We now have a large Medical Corps composed of men who have served in camps of instruction, in cantonments, in the field, in hospitals and on board ships. They do not require training of the character contemplated by the National Defense Act. Undoubtedly, therefore, this act will be modified to meet new conditions. In fact, it is announced that the Secretary of War will shortly present to Congress an outline for such modification. It is hoped that the new legislation will provide a method by which officers who desire to do so can continue an intimate contact with the Army. This is certainly desirable so far as the medical officers are concerned, the great mass of whom made large sacrifices in order to serve their country. They have become interested in army life and methods; they will not be content to be honorably discharged and thereby shelved. Perhaps the feeling is partly sentimental, but largely it is patriotic. Further, the occasion may arise when their services will be useful.

Undoubtedly the Medical Reserve Corps will be continued. But if it is, it might be desirable so to modify its organization as to provide for two classes of members: In one class would be those men within active military age who are now in the service and who have had sufficient military experience to make further training unnecessary. This group, therefore, would not require active training in the camps each year. In the other class

would be those who have not had sufficient training and those newly commissioned. This would mean that the Officers' Reserve Corps would be composed of a trained group and a training group. However, the point we desire to emphasize above all others is: In the demobilization an opportunity should be given every medical man now in the service who is trained and physically qualified to retain some connection with the Army.—*Jour. A. M. A.*, Nov. 23, 1918.

DEMOBILIZATION AND VENEREAL DISEASES

The prospect of demobilization of more than 4,000,000 troops presents a large sanitary problem, especially as regards the venereal diseases. The situation offers a unique opportunity for influencing the spread of these diseases in this country. If proper action can be taken so that every soldier with venereal disease can be rendered noninfectious before discharge from the Army, the future venereal disease condition of the country will be greatly benefited. If no successful effort can be carried out to render these men noninfectious before their demobilization, the result, on the contrary, must inevitably be a great increase in the incidence of these diseases. One of the greatest disasters of war is the spread of infections that occurs through the occupation of territory by troops, and even to a greater extent through the disbanding of troops at the close of the war. Epidemics following wars have often caused far greater loss of life than have the actual casualties of war itself or diseases occurring among troops during the prosecution of war. This applies particularly to the venereal diseases.

It is clear, then, that a serious epidemic of venereal diseases may befall us if a thoroughgoing, vigorous policy is not pursued in demobilization. Fortunately, it would appear to be comparatively simply to outline a course of action which, successfully carried out, would minimize and probably eliminate this danger, and furthermore, would have an appreciable effect in diminishing the present incidence of venereal infections. The fundamental proposition is that soldiers should not be discharged from the Army as long as they are infectious with chancroid, syphilis or gonorrhea.

The problem of chancroid is a small one, since few cases of this condition or its sequelae occur that cannot be definitely rid of infectiousness in a few weeks.

The practical dangers of syphilis are from the chancre, from mucous patches in the mouth and about the genitals, and from condylomas. All of these can be disposed of in a few weeks under active treatment. While there is always some danger of recurrence within the next few months, this danger rapidly diminishes as time elapses. In patients who have been treated vigorously with mercury or with mercury and arsphenamin, the danger from these lesions disappears in from four to eight weeks in most cases, and is almost eliminated within six months after the beginning of treatment. In active cases of syphilis, therefore, a great practical advantage would be gained by holding patients for two months, and their danger to the country would be practically eliminated by delaying their discharge for six months. Any remaining trace of danger could still further be reduced by impressing on all such patients the necessity for further treatment, which of course they should have for their own good.

The incidence of gonorrhea is so great, and its infection so insidious after the disease becomes chronic, that it presents the most important and the most difficult of these problems. There are, however, certain definite, well-recognized criteria by which the infected men may be judged to be free from subsequent danger of infectiousness. These criteria can be met by treatment in many cases in from three to six weeks, in most cases in from six to eight weeks, and the cases are rare that cannot be cleaned up by intelligent, vigorous treatment within six months. Patients with gonorrhea in the Army should not be discharged until they meet these criteria.[1]

The practical difficulties of the general problem are (1) the trouble and expense of holding the infected men while undergoing treatment before discharge, and (2) the danger of these men becoming marked in the minds of their civil acquaintances as being venereally infected by reason of the delay in their discharge. The former is of small importance compared to the great advantage for

the civil population which this policy would involve. To send these men back to civil life with their infections uncured would be a sanitary crime. The second of these difficulties would not seem hard to obviate because of the relatively short time necessary to carry out this policy. The American Army from Europe cannot be disbanded in a week after it reaches our shores. Some men will have to be retained in service for a few months. The same facts apply to the men in the various domestic camps. It ought, then, to be possible to detain the venereally infected without disclosing the reason for so doing.

According to newspaper reports, Surgeon-General Ireland proposes to detain men with infectious diseases, including venereal diseases, in accordance with a general policy. It is greatly to be hoped that no considerations of expediency will be interjected to interfere with this enlightened policy.—*Jour. A. M. A.*, Dec. 7, 1918.

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[1]The following test of cure of gonorrhea is taken from "The Venereal Diseases," American Medical Assocation, 1918, price 25 cents:

The man should take vigorous exercise on the day before the one on which the examination is to be made.

He should not urinate for two hours before the examination is made.

Examination should show the following findings:

1. He should have no urethral discharge, or at most a mucopurulent drop at the meatus should be obtained on stripping the penis.

2. If such a drop is found, it must be free from gonococci.

3. In the two glass test, both Glass 1 and Glass 2 must be clear and free from pus shreds. Epithelial shreds free from gonococci may be disregarded.

4. The secretion obtained by massage of the prostate and seminal vesicles must show no gonococci and few leukocytes.

5. Examination with a bougie à boule should demonstrate the absence of stricture.

OBSERVATIONS ON THE PRESENT EPIDEMIC OF SO-CALLED INFLUENZA IN EUROPE

The highly interesting abstract of recent English and German articles on so-called epidemic influenza, prepared by the British Medical Research Committee and printed verbatim in this issue of *The Journal* invites a few brief comments. The abstracts do not convey any clear information as to the extent of the spread or the severity of the disease in Europe. Judging, however, from the number and the nature of the articles abstracted, it looks as if the disease, thus far at least, has been more severe and more extensive in Germany than in England. One also receives the impression that the results of the bacteriologic and anatomic studies in Germany correspond more closely, perhaps, to the results that are being obtained in this country than do those coming from England. But it is entirely too early, of course, to form any reliable conclusions.

The articles abstracted seem to have been meager in clinical detail. It is evident that the observations at hand do not indicate the present epidemic to be a distinct clinical entity, clearly differentiated in its clinical activities from similar previous epidemics of more limited extent. The present epidemic apparently differs from these earlier epidemics mainly in contagiousness and in its extensive spread. The many minor epidemics of respiratory infections preceding the present epidemic are of great epidemiologic interest, but their true relation to the European influenzal disturbance can probably not be traced accurately. The fundamental anatomic changes in influenza, according to the German reports, seem to have been hemorrhages, especially in the respiratory tract, as well as inflammatory foci, the whole suggesting to some of the investigators a primary infection of the blood with localization especially in the pulmonary vessels. It would seem, however, that the possibility of direct infection of the respiratory tract cannot be excluded. These changes are regarded as paving the way for secondary infections. It is of great interest that there is no unanimity of opinion whatever as to the nature of the primary infecting agent.

The bacteriologic results do not appear to warrant the assignment of any greater import-

ance to the influenza bacillus than to the organisms described as diplostreptococci. These diplostreptococci are not described fully, but they most probably are nonhemolytic streptococci of the viridans type. Only slight mention is made of hemolytic streptococci or of pneumococci, which appear to be isolated in a certain proportion of the cases of influenzal pneumonia in this country.

On the whole, the results of the work covered by the abstracts support the conclusion that we do not understand the true nature of the condition now being called epidemic influenza; that there is not sufficient evidence to regard any one of the different forms of bacteria found in the respiratory tract in the cases of the disease as the primary cause, but that all the bacteria, the influenza bacillus, as well as the so-called diplostreptococci and others, may be secondary invaders, transmissible from person to person with almost the same ease as the supposed, but unknown, primary cause. The one experiment mentioned bearing directly on the question of the exact etiology of epidemic influenza is that by Selter, who produced a typical but mild attack in two persons by spraying the throat with a filtrate of influenzal throat secretions; but not enough details are given so that one can form any judgment as to the value of this experiment.—*Jour. A. M. A.*, Nov. 9. 1918.

A SHORT SIGHTED DRUGGIST

Those druggists who believe that pharmacy is a profession rather than a trade have for some time urged physicians to prescribe official products rather than proprietary preparations, at least, in all cases where proprietary and official products are essentially similar. A recent experience reported to *The Journal* from New Haven, Conn., is worth recording. Our correspondent, who, while not a physician, is especially interested in *The Journal's* propaganda, writes:

I went to a nearby drug store and asked for twenty-five cents' worth of Liquor Antisepticus Alkalinus; I got one ounce! The druggist charged me fifteen cents an ounce, and ten cents for the container. Next time I fear I shall be forced to get Glycothymoline!

To penalize a man who calls for an official product, so as to drive him to ask for a "patent medicine" of the same general character, is both poor pharmacy and bad business. —*Jour. A. M. A.*, Nov. 23, 1918.

NEW AND NON-OFFICIAL REMEDIES

During December the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

Non-proprietary Articles:
- Benzyl Benzoate.
- Emetine Bismuth Iodide.

Abbott Laboratories:
- Emetine Bismuth Iodide-Abbott.

Hynson, Westcott & Dunning:
- Benzyl Benzoate-H. W. and D.
- Solution of Benzyl Benzoate, Miscible-H. W. and D.

Merck and Company:
- Diethylbarbituric Acid-Merck.
- Diethylbarbituric Acid-Merck Tablets, 5 grains.
- Sodium Diethylbarbituric Acid-Merck.
- Sodium Diethylbarbituric Acid-Merck Tablets, 5 grains.

H. K. Mulford Company:
- Bismuth Emetine Iodide-Mulford.
- Cachets Bismuth Emetine Iodide-Mulford, 2 grains.

E. R. Squibb & Sons:
- Chlorinated Eucalyptol-Squibb.

Takamine Laboratory:
- Arsaminol.
- Arsaminol 0.1 Gm. Tubes.
- Arsaminol 0.6 Gm. Tubes.
- Arsaminol 0.3 Gm. Tubes.
- Arsaminol 0.4 Gm. Tubes.
- Arsaminol 0.5 Gm. Tubes.
- Arsaminol 0.6 Gm. Tubes.

Emetine Bismuth Iodide.—A complex iodide of emetine and bismuth containing from 17 to 23 per cent. of emetine and from 15 to 20 per cent. of bismuth. It has the action of emetine, but when taken by mouth, it is less likely to cause vomiting than the soluble salts of emetine administered orally. It has been used with apparent good results in the treatment of chronic cases and carriers of amebic dysentery, even where the hypodermic administration of emetine has failed. The commonly used dose has been 0.2 Gm. (3 grains) daily

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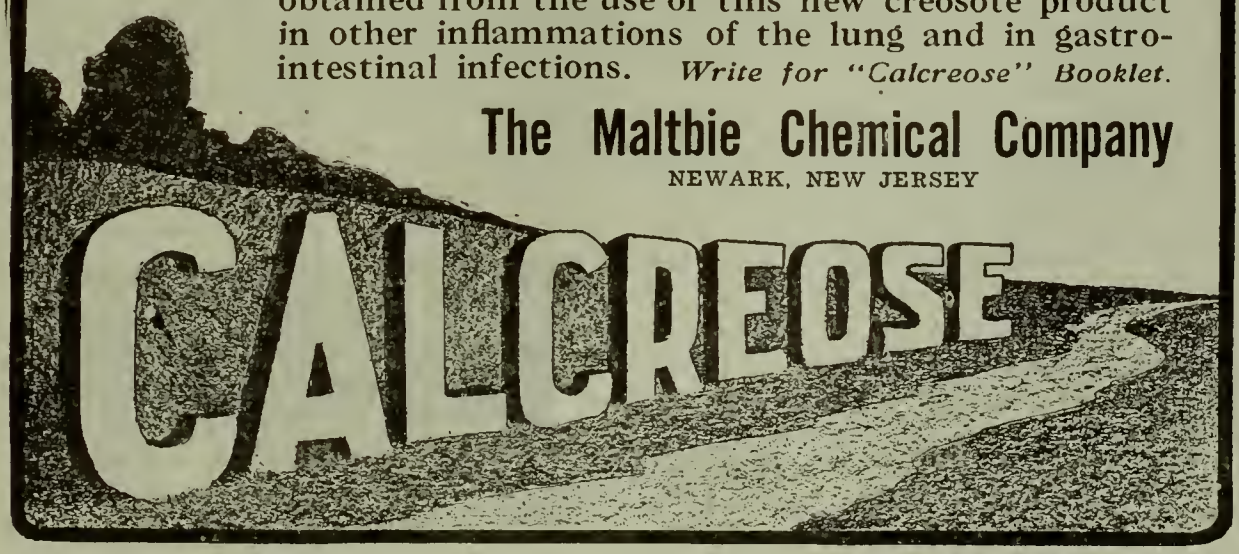

for four days, either in a single dose at the midday meal or in divided doses.

Emetine Bismuth Iodide-Abbott.—A brand of emetine bismuth iodide complying with the N. N. R. standards. The Abbott Laboratories, Chicago.

Bismuth Emetine Iodide-Mulford.—A brand of emetine bismuth iodide complying with the N. N. R. standards. The H. K. Mulford Co., Philadelphia.

Cachets Bismuth Emetine Iodide-Mulford, 2 grains.—Each cachet contains 2 grains of bismuth emetine iodide-Mulford. The H. K. Mulford Co., Philadelphia.

Creosote Carbonate-S. and G.—A brand of creosote carbonate, U. S. P. Schering and Glatz, Inc., New York.

Guaiacol Carbonate-S. and G.—A brand of guaiacol carbonate, U. S. P. Schering and Glatz, Inc., New York (*Jour. A. M. A.*, Dec. 14, 1918, p. 1997).

Benzyl Benzoate.—The benzyl alcohol ester of benzoic acid. It lowers the tone of unstriped muscle and has been suggested as a remedy against renal, biliary, uterine and intestinal colic and other spasms of smooth muscle, including angiospasm. Its clinical use is in the experimental stage. The dose is from 0.3 to 0.5 Cc. (5 to 7 minims). Benzyl benzoate is a liquid at room temperature, insoluble in water, but miscible with alcohol, chloroform and ether.

Benzyl Benzoate-H. W. and D.—A brand of benzyl benzoate complying with the tests and standards of N. N. R. Hynson, Westcott and Dunning, Baltimore, Md.

Solution of Benzyl Benzoate, Miscible-H. W. and D.—A solution of benzyl benzoate-H. W. and D. in 78 Gm. ethyl alcohol emulsified with 2 Gm. castile soap. It has the actions and uses of benzyl benzoate. Hynson, Westcott and Dunning, Baltimore, Md.

Diethylbarbituric Acid-Merck.—A brand of barbital complying with the N. N. R. standards. The actions, uses and dosage of barbital (first introduced as veronal) are described in New and Non-official Remedies. Merck and Co., New York.

Diethylbarbituric Acid-Merck Tablets, 5 grains.—Each tablet contains 5 grains of diethylbarbituric acid-Merck. Merck and Co., New York.

Sodium Diethylbarbituric Acid-Merck.—A brand of barbital sodium complying with the N. N. R. standards. The actions, uses and dosage of barbital sodium are described in New and Non-official Remedies. Merck and Co., New York.

Sodium Diethylbarbituric Acid-Merck Tablets, 5 grains.—Each tablet contains 5 grains of sodium diethylbarbituric acid-Merck. Merck and Co., New York (*Jour A. M. A.*, Dec. 28, 1918, p. 2153).

PROPAGANDA FOR REFORM.

Leonard Ear Oil.—This is an alleged cure for deafness, sold by A. O. Leonard, New York City. Formerly it was sold on the mail-order plan as an accessory to Leonard's Invisible and Antiseptic Ear Drums. Now the "Ear Oil" is sold in drug stores. The Department of Health in the city of New York found it essentially to be liquid petrolatum with camphor, eucalyptol and alcohol emulsified by a soft soap, prosecuted Leonard, and prohibited the sale of the "Ear Oil" in New York City. The sale of the "Ear Oil" has also been prohibited in Cleveland (*Jour. A. M. A.*, Dec. 7, 1918, p. 1932).

Emetin Bismuth Iodid.—The Council on Pharmacy and Chemistry reports that because of the apparently good results obtained with it, emetin bismuth iodid has been accepted for New and Non-official Remedies. Emetin bismuth iodid is insoluble in water and dilute acids, but is decomposed by alkalis, and thus should pass the stomach unchanged but exert its action in the intestines. Those who have reported on the use of the drug in amebic dysentery report that the disappearance of ameba from stools was generally complete and apparently permanent even in chronic cases of carriers and in cases where the hypodermic administration of emetin has failed. Purging and vomiting, however, are not entirely avoided. The drug is usually given in a single dose of three grains at the midday meal for twelve days (*Jour. A. M. A.*, Dec. 14, 1918, p. 2013).

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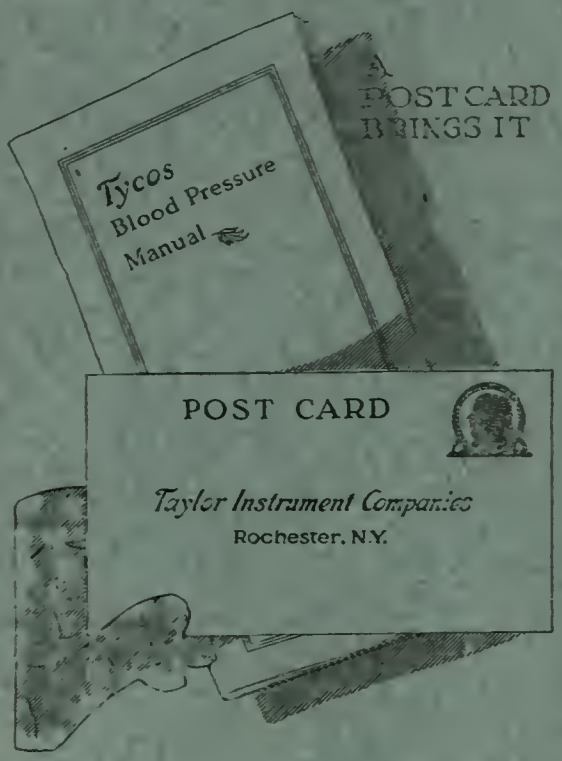

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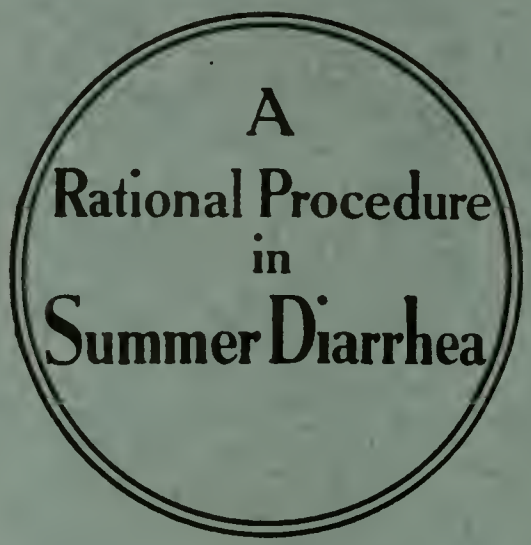

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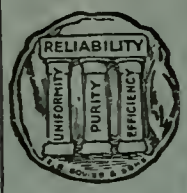

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